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ORIGINAL LECTURES.

GENERAL ATHEROMA OF THE ARTERIES, WITH PROBABLE THROMBOSIS OF A CEREBRAL VESSEL.

A Clinical Lecture delivered at the Philadelphia Hospital.

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(Reported by William H. Morrison, M.D.)

GENTLEMEN: The case that I show you this morning is in the person of an old Garibaldian, who fought under that General in Rome in 1848, and followed his fortunes in Central and South America. This history is of some medical importance, and we at once draw the conclusion, that we have to deal with a man who has suffered much exposure and led a hard life, and, as he states himself, has been through most forms of dissipation. Thirty years ago, he contracted a chancre which was followed by secondary symptoms. He has always been accustomed to the use of alcohol in considerable quantities. I do not mean that he was an habitual drunkard, but that he used alcohol every day, and was probably always under its influence to a certain extent. He considered himself to be in good health until two weeks ago. At that time, while working at his trade, which is that of a harness maker, he fell to the floor in some kind of a spell. So far as can be made out from careful and repeated questioning, he was not convulsed, and, he thinks, that he did not entirely lose consciousness. Shortly after the occurrence of this spell, the patient suffered from violent headache, and this has been repeated several times since. Headache seems to have been absent previous to the attack.

The points which present themselves for diagnosis are as to the general condition of his tissues and the nature of the spell from which he suffered. Examining the patient somewhat closely, it is at once discovered that he has dimness of vision in the left eye, and that in the right, sight is almost gone. A little further examination shows that this has no connection with the brain symptoms for the simple reason that there is a marked cataract in the right eye. The pupil of the left eye is dilated, and there appears to be a commencing cataract in it.

Taking his hand, in order to feel his pulse, I at once notice that the radial artery is entirely rigid. I have under my finger what appears to be a hard irregular tube. The artery is evidently in a condition of advanced atheromatous change. The change has not advanced so far in the temporal arteries as in the radial, but the vessel is evidently harder than normal. Again looking at the eye, marked arcus senilis is observed in both eyes.

Now, gentlemen, without going further for the moment, let me call attention to the facts which have already been discovered. This man has atheromatous arteries, and he has marked arcus senilis, and in all probability, therefore, he has more or less pronounced atheromatous degeneration of all the arteries. The moment you approach a patient and placing the finger on the pulse, find this hard and rigid condition of the radial, that moment your prognosis, even in what may seem the simplest acute disease, should become doubtful or grave.

In illustration of this point, let me describe a case which I saw last spring. I attended a lady who died from a disease, the nature of which it is not necessary to mention. The day after her death, her husband, who was supposed to be in perfect health, complained of a sore tooth. He said that he had had it filled a few days before and that it was beginning to hurt him. I tapped the tooth with a pencil, and found that it was sore at the root, showing that there was a periodontitis. I advised him to have the tooth extracted. This was on Friday. On Saturday night or Sunday morning, he sent for me, and this was the first time that I had seen the man professionally. I found him with some fever, the tooth was exceedingly sore, and he felt very wretched. I then put my hand on his pulse for the first time, and felt the same condition of artery which exists in the present case. Immediately, it was suggested to my mind that the man had unsuspected chronic renal degeneration, the reason for this suspicion I shall mention directly. I gave a doubtful prognosis, and asked for a specimen of urine. There was at this time apparently nothing the matter but his sore tooth. Examination of the urine showed that it was of low specific gravity and contained albumen, showing that there were contracted kidneys. On Monday he was worse, and on Tuesday he died. He died from septicæmia, resulting from the periodontitis and the small tooth abscess. That man probably had septic poisoning, in part because his system was depressed from the death of his wife, in part because his kidneys were diseased, but largely because the small vessels about the abscess were in a condition of atheroma, and were, therefore, in a state in which they more readily absorbed the inflammatory products.

There are three principal causes for atheroma occurring in middle life. The first of these, and the most frequent in its action, is the excessive use of alcohol. The second is chronic contracted kidney. The third is syphilis. I might add a fourth cause which occasionally produces atheroma, viz., chronic gout. I knew that in the case which I have just described, that there had been no syphilis and no excessive use of alcohol, and therefore my opinion, even before the urine was examined, was very decided that contracted chronic kidney was present.

In the present case, there are at least two of the common causes of atheroma, namely, the excessive use of alcohol and syphilis. The excessive use of alcohol is also very prone to produce chronic contracted kidney. The next thing, therefore, in a case like the present is the examination of the urine for evidences of chronic Bright's disease.

Within the past few years, I have learned a great deal in regard to the latent character of chronic Bright's disease. It has been a number of years since I thought that if albumen was absent from the urine, chronic disease of the kidneys could be excluded. My experience within the last year would lead me to say that in chronic contracted kidney, albumen is absent more frequently than it is present. I do not lay this down as a generalization, which holds in all cases; I simply say that in the run of cases which I have seen during the past year in private practice, albumen has been more frequently absent from the urine than it has been present, when I was certain that the patient was suffering from chronic contracted kidney.

Having progressed in my education so far as to learn that albumen was frequently absent from the urine in these cases, I believed that the condition could be diagnosticated from the specific gravity, and that the urine of a patient with chronic contracted kidney was always of low specific gravity. I think to-day that this is generally the case, and if I had to rely in making the diagnosis on the chemical tests or on the urinometer, I should accept the latter. When a patient passes urine, the quantity of which is not excessive, while the specific gravity is habitually 1010 or 1012, he is in all probability suffering from chronic contracted kidney. I of course leave out of consideration the urine which is passed by hysterical persons. I also stated, that if the urine be not passed in excessive quantity. This is an important point. In the condition known as diabetes insipidus, or polyuria, non-albuminous, non-saccharine urine of low specific gravity is habitually passed, but the daily quantity is measured by quarts.

Having progressed thus far in my knowledge of the diagnosis of this condition, I had yet to learn with considerable chagrin that chronic contracted kidney, bringing the patient even to the grave, may be present, and yet the urine be perfectly normal. I have seen two cases in which the urine had been repeatedly examined by other physicians, and in which I had myself carefully examined the urine, not only for albumen and tube-casts, but also in reference to the specific gravity, and nothing whatever indicating the presence of disease of the kidney was found. In one of these cases, my diagnosis was that the patient was suffering from gastric vertigo, and I treated her for awhile for this condition and gave some relief. She then passed from observation. I was shortly afterwards summoned hurriedly to her home where she had been under the care of another physician. She was then suffering with convulsions, which had been pronounced to be hysterical. The moment I saw the patient, I said, "These are not hysterical convulsions. The patient will be dead within thirty-six hours." I did not know what the trouble was, unless I had made the mistake of saying that there was no brain tumor, when such a growth was present. The autopsy showed that she had died of chronic contracted kidney. There had been no dropsy, no atheroma, no increase of the arterial pressure, nothing abnormal in the urine, and yet the woman died of chronic contracted kidney.

Shortly before this, I was called to one of the northern counties of this State to see a lady suffering from acute dementia. I knew that the woman was gouty, and I asked her physician if he was sure that there was no contracted kidney. He had examined the urine repeatedly and found nothing abnormal. In order to be perfectly certain, I examined it at the time. The specific gravity was above normal; there was no albumen, no tube-casts, but a considerable quantity of triple phosphates. I ruled the possibility of contracted kidney out of the question. Six or eight weeks later the woman died, and the autopsy revealed chronic contracted kidneys.

We are, therefore, brought face to face with the fact that in any obscure case, the presence of chronic Bright's disease cannot be excluded because the urine presents nothing abnormal. This is somewhat embarrassing, because in a large proportion of chronic cases the diagnosis can only be made by exclusion, and therefore if that on which we have so long relied to enable us to exclude renal disease fails us, what are we to do? I believe, however, that this condition of normal urine is not permanent in these cases, and that frequent examinations will enable us to detect enough abnormality to excite or confirm our suspicions. It should in such cases be examined for albumen after a heavy meal, especially of meat, and for specific gravity in the morning after a light supper. After a heavy meal of meat, there is an enormous strain on the kidneys. I never fully appreciated this strain until I came to measure in the dog the effect of large amounts of meat on the heat-producing function. I found that the dog when gorged with meat would produce twice its normal hour-rate of heat. In other words, a large proportion of the meat was immediately burned up and had to be eliminated by the kidneys. I have noticed in some cases that long before there was any reason for suspecting Bright's disease that occasionally, under exceptional strains, the urine would be albuminous. Under such circumstances, my opinion is that the person is in the formative stage of Bright's disease. If you find a person in whom the administration of drugs, the use of alcohol or excessive feeding causes even a temporary albuminuria, you have a patient who, unless proper treatment be instituted, is in all probability going to die of chronic Bright's disease, ten or fifteen years later. Therefore, in any doubtful case, the urine should be examined after a heavy meal for albumen especially, and in the morning, after a light supper, for specific gravity; for when albumen is presen , the specific gravity is least apt to be disturbed. To sum up, then, the presence of chronic Bright's disease is always to be suspected in patients with atheroma. The urine is next to be examined for albumen and its specific gravity noted. If albumen and an habitual low specific gravity be found, there is reason for diagnosticating chronic contracted kidney. If the urine be normal, the examination must be repeated with urine passed after a hearty meal, and in the morning after a light supper.

I shall proceed to apply these principles to the present case. I have here the urine which has been recently passed. Its specific gravity is 1013. Yesterday it was 1024, and non-albuminous. To-day the specific gravity gives reason for suspecting Bright's disease. I next test it for albumen by nitric acid, but I find no albumen. I think it probable that the man has chronic contracted kidneys. The reasons for this view are the history of the existence of the causes of this affection, the condition of the arteries, and the low specific gravity

of the urine. All these facts excite our suspicion, but do not enable us to make a positive diagnosis.

Passing by this portion of the case, we come next to inquire what was the nature of the attack which the man had two weeks ago. I examine the heart. There is no murmur, but there is that peculiar clanging, second sound, which I believe is very frequently associated with atheroma of the aortic arch, and I have no doubt that the man has an atheromatous aorta. We are, however, unable to connect this attack with a fainting fit.

The next thing to be done, is to discover, if possible, the existence of any local palsy. There is no distinct ocular paralysis, the only abnormality being excessive contraction of the right pupil. The left pupil is dilated, but this may be the dilatation of blindness. There is no paralysis of the muscle which raises the upper lid, and the pupil is not sufficiently dilated for oculo-motor paralysis. The right pupil does not respond readily to light. Applying the test of pinching the neck, some dilatation of the pupils takes place, and therefore the reflex is not abolished. There is no palsy in the hands or legs.

We find, then, to-day no evidence of any advanced brain disease; and in the absence of any account of the character of the attack, the diagnosis is uncertain. He may have had a fainting fit, or there may have been a partial loss of consciousness from thrombosis of one of the cerebral arteries, owing to its atheromatous condition; for thrombosis of a cerebral artery is almost always the result of atheroma. This man may have had a stopping up of one of the small vessels of the brain produced in this way, thus temporarily shutting off the blood supply of a small portion of the brain, and causing loss of function, which was regained when the blood found its course again by a solution of the partially coagulated fibrin.

The practical point, so far as the present aspect of the case is concerned, is that this man is suffering from a general tissue change, which is probably the result of a combination of causes. Syphilis, alcoholic excess, exposure, and probably contracted kidneys, have undoubtedly all played a part in the production of this general atheroma.

Curative treatment is, of course, not possible, but it is much to direct such a life aright. The life which this man has led, has made him old beyond his years. Atheroma is the almost normal condition of the arteries of the aged. Chronic contracted kidney, to a greater or less extent, exists in a large proportion of the aged. The treatment is that which is required in the case of old people. A little exposure or over-fatigue may cause pneumonia or general exhaustion; the abuse of alcohol, over-eating, a checking of perspiration, or exposure to cold, may lead to congestion of the brain or of the kidneys. So I might go through the whole system, showing that a little exposure or strain on any part may result in an acute disease, rapidly ending in death.

In the old, or in the prematurely old, protection is the great desideratum. Exposure, over-eating, and the excessive use of alcohol are to be avoided. There seems to be some truth in the old belief, that apoplexy is especially prone to occur in those who sleep after heavy eating. In old persons with atheromatous arteries, the afternoon nap is better dispensed with.

As far as medicines are concerned, this man needs but little. There is no use in stimulating the appetite, for the danger is in excessive feeding. If the kidneys fail in their function, or if the skin be not sufficiently active, proper functional stimulation should be employed; but the ideal treatment is carefully to run the man on a plane from which all disturbing activities are excluded.

ORIGINAL ARTICLES.

ON A NEW VARIETY OF CHRONIC NASAL CATARRH.

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IN a small proportion of sufferers from nasal catarrh, the mucous membrane which lines the nasal chambers is thin, and exhibits scarcely any erectile power. It is abundantly supplied, however, with arterial blood, and is everywhere of a uniform light pink color. A highly polished probe placed in the nasal chamber will cause diffuse reflections to appear on the membrane. The nasal septum, as a rule, is without marked nasal deflection, but may be greatly thickened.

The membranes, especially those at the upper portions of the chambers, upon the gentlest manipulation are apt to bleed slightly; the nostrils are not infrequently excoriated, especially in winter. The discharge is mucoid in character when the disease is mildest, but easily becomes turbid upon slight vascular excitement. During the height of an acute attack (which the patient is apt to call "a fresh cold," and which in females is occasionally coincident with the menstrual period), it becomes purulent. The discharge passes into the throat as readily as from the nostrils.

The pharynx is always capacious, the muscular structures active, and the palato-pharyngeal folds well drawn out to the sides. The uvula is always small and sometimes rudimental, presenting the appearance of having been amputated. The mucous membrane is of a pale color, while the larger veins are numerous. At the sides of the pharynx below the tonsils, the peculiar pearly white color characteristic of the alveo-lingual groove, is seen. The tonsils are always small and drawn out to the sides of the pharynx; they are usually not seen, unless the palato-glossal fold at first is retracted.

The tongue is clean and the closed glands at the base are few in number, inconspicuous, and permit the longitudinal superficial veins of this portion of the tongue's surface to be unusually well seen. The veins of the mucous membrane of the cheek, which lie on the space between the orifice of the duct of Steno and the reflection from the mucous membrane from the cheek to the alveolar process, are large, superficial, and coarsely reticulated.[1]

The pale color of the anterior surface of the soft palate extends forward, and is continuous with that of the hard palate without any change. The hard

[1] The buccal veins here described have been neglected by anatomists and clinicians. They are of importance in studying conditions of vascularity in the mouth, nose, and throat.

palate itself is exceptionally pale, and the positions of the palatine veins may be determined by bluish streaks on the membrane.

The posterior or palatal portion of the hard palate in the median line is almost invariably marked by a sessile exostosis, ordinarily two-thirds of an inch in length and one-third of an inch in breadth, although sometimes larger. Extending from the anterior border of this exostosis to the position of the rugæ, is a pronounced median ridge, sometimes the seat of a second exostosis, which is marked in the centre by a minute lineal groove. In two cases which I have seen, the palate was highly arched, and a large congenital opening existed in the anterior portion of the nasal septum.

The subjects of this form of catarrh, as far as I have observed, very commonly have fair skins, are of spare habit, with a tendency to gray or blue eyes, and light-brown hair. The general circulation is never good; the hands and feet are apt to be cold. There is, very generally, a history of tuberculosis, either in the immediate family, or in the families of the parents, although I have never seen the disease coexist with phthisis.

In examining a case of catarrh of this variety, which had never been subjected to local treatment, the under surface of the narrow middle turbinated bone is often found covered with a thin layer of fibrinous exudation; but in all cases, whether this be present or not, firm pressure of the probe against the ledge-like surface will cause the spot which is pressed upon to become instantly of a bright red color. This is a characteristic sign, and a most valuable one in determining the presence of the condition described. In attempting to make an examination of the posterior nares, it is often found that, in spite of the liberal diameters of the pharynx, it is very difficult to obtain a view. The difficulty arises from the fact that the powerful levator-palati muscles pull up the soft palate, and persistently narrow or entirely close the opening of communication between the naso-pharynx and the oro-pharynx.

This form of catarrh may be easily distinguished from that of any other variety; for, so far as I know, the group of signs and symptoms above given under no other circumstances coexist. In catarrhs accompanied with inflammatory extravasations or œdema, the pharynx is of a dusky-red color, and the anterior border of the reddened soft palate is sharply limited from the paler hard palate.

The exceedingly sensitive character of the nasal mucous membrane, and its disposition to slight bleeding from trifling causes, the absence of the erectile tissue, or its rudimental character when present, a nearly straight septum (hence the absence of nasal obstruction),[1] form a group of characters which may be easily recognized.

This form of the disease is not common. I have had the opportunity of carefully studying twenty cases.

The prognosis for cure is unfavorable. In seventeen cases, very marked alleviation followed treatment, while in three no benefit followed the most carefully devised and systematic treatment. I have reason to believe that in these three cases, the failure could be largely attributed to hereditary peculiarities, the results of tubercular history. In one case three grandparents and a maternal aunt had died of consumption. In another, all members of the family had had "weak throats," a maternal aunt and uncle, and a paternal aunt dying of phthisis. The third case was complicated with neurasthenia. The remaining cases were greatly benefited by applications of a saturated solution of nitrate of silver over the more hyperæmic portions of the mucous membrane. This agent, when used with care on a surface not larger than a duck-shot, at a single sitting, is readily borne, and is often followed by the most satisfactory results. I am in the habit of first covering the middle surface of the turbinated bone with these applications, and repeating them every other day. The galvano-cautery under no circumstances is to be used. It is in this class of catarrhal cases that I have found the oleo-resin of cubebs of advantage; indeed, in my experience it is the only form of catarrh in which that preparation is of any use. The agent can be lightly painted along the sides of the chamber, care being taken that it does not trickle into the pharynx. Minute doses of arsenious acid in conjunction with cod-liver oil and oleo-resin of cubebs, are well borne, particularly in the winter months

This form of catarrh is closely allied to ozæna. I remain under the impression that the distinction between the disease and ozæna, remains one of grade rather than one of distinction in kind. While I have never seen ozæna associated with the disease, the characters of ozæna appear to be a high grade of inflammatory state, associated with a disposition to fibrinous exudation, engrafted upon the general features of the phase of nasal and pharyngeal distress as here described.

[1] A sense of obstruction is sometimes referred to the plane of the middle turbinated bones, or obstruction to breathing may be reported as occurring during the night, especially during sleep. In the main, the statement is correct that the turgescence of the mucous membrane is insufficient to close the nose.

DISINFECTANTS.

PRELIMINARY REPORTS OF THE COMMITTEE ON DISINFECTANTS OF THE AMERICAN PUBLIC HEALTH ASSOCIATION.

II.

COMMERCIAL DISINFECTANTS.

BY GEORGE M. STERNBERG, M.D.,
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IN conducting the experimental investigations of the Committee on Disinfectants, the writer determined at the outset, in the interest of health officials and of the public, to ascertain the comparative value of the various commercial disinfectants in the market. In a recent paper by Wynter Blythe, Medical Officer of Health for Marylebone, in which the commercial disinfectants, exhibited at the London Health Exhibition, are intelligently discussed, we find the following:

"Rampant rides the quack in the fields, both of preventive and remedial art. Quackery takes a well-

known common powder, labels it with a grand mystic name, selling bright copper at the price of gold. Quackery finds a stink outstinking feebler stinks, and gives it forth as a disinfectant. Of all the substances gathered together under the name of disinfectants—solids, vapors, gases, and odors—a small percentage alone possess any value."[1]

This statement applies as well to many of the articles advertised as "disinfectants" in this country. But in justice to the manufacturers of these so-called disinfectants, we must say that many of them which are of no use in the sense in which we use the term are valuable as antiseptics, or as deodorizers, and that there is good authority for calling a substance which will prevent putrefactive decomposition, or which will destroy bad odors, a disinfectant. Many chemists and physicians use the word in this sense, and this is the popular acceptation of the term both in this country and in Europe. We, therefore, cannot find fault with those manufacturers who see fit to use the word as synonymous with deodorizer or antiseptic, but we must caution the public that a disinfectant from this point of view does not necessarily destroy infectious material; and that the word is used by this Committee in accordance with the definition given by Dr. Rohé in the preceding paper.

It has been proved that certain kinds of infectious material owe their infecting power to living microorganisms, which in a general way are often spoken of as "germs." A disinfectant, therefore, which destroys this kind of infectious material may be called a *germicide*. If all infectious material owes its specific infecting power to the presence of living organisms, then, from our point of view, disinfectant and germicide are synonymous terms. But in the absence of satisfactory proof that such is the fact, we must consider the former term one of general application, while the latter is only applicable in those cases in which the infecting agent has been proved to be a germ. But in our tests of disinfectants we are obliged, for the most part, to depend upon experiments which determine germicide power and in the experiments reported below, only biological tests have been used. As a matter of fact, those agents which by laboratory experiments have been proved to be the most potent germicides, have by the experience of sanitarians, by tests upon vaccine virus, septicæmic blood, etc., been shown to be the most reliable disinfectants.

Evidently there can be no partial disinfection; either the infecting power of the material to be disinfected is destroyed, or it is not. Where the object is to destroy disease germs in the sputum of patients with diphtheria, in the discharges of patients with typhoid fever, etc., so that no development shall occur when these germs find a proper nidus, incomplete destruction will be a waste of ammunition, for so rapid is the multiplication of these low organisms that the question of numbers is of secondary importance. It is therefore essential, in an experimental inquiry of this kind, that the most rigid tests may be applied, and that we keep on the safe side in the practical application of those agents which withstand these tests.

[1] Med. Times and Gaz., London, Oct. 11, 1884.

In our experiments below reported, the material which has served to test the germicide power of the agents named is "broken-down" beef-tea, exposed in the laboratory for several days, and containing a variety of putrefactive bacteria and their spores. The spores of *Bacillus subtilis* are also invariably present in this stock, and when a certain agent is successful in destroying all other microörganisms, we frequently have in our culture-solutions a pure culture of this bacillus, which is noted for its abundant and wide distribution, and for the great resisting power of its spores. In order to meet the objection of those who are likely to cavil because no "disease germs" are present in the material mentioned, a culture of *Bacillus anthracis* containing spores is added to this stock solution. It is well known that anthrax spores constitute one of the most difficult tests of germicide power; not more difficult, however, than the spores of *B. subtilis*. We may safely assume, then, that an agent which will destroy these spores will also destroy all known disease germs, and probably all organisms of this class, known or unknown. The micrococci and bacilli not containing spores are far more easily destroyed.

The time of exposure to the disinfecting agent in all of these experiments has been two hours. And the amount of material to be disinfected has in every case been made equal to the amount of the solution of the disinfecting agent under trial. Thus to test an agent in the proportion of fifty per cent., a certain quantity—10 cc.—of the agent undiluted (100 per cent.) is added to an equal quantity of the broken-down beef stock described. If we wish to test the agent in the proportion of four per cent., an eight per cent. solution is made, and this is added to an equal quantity of the stock, etc. The mixture is placed in a wide-mouthed bottle containing 25 cc. and is set aside for two hours. A minute quantity of the material is then introduced into two little culture-flasks[1] (all experiments are made in duplicate) containing sterilized beef-tea, and these are placed in the oven, which is kept constantly at a temperature of 36° to 38° C. (96.8° to 100.4° F.). My method has been explained in detail in a paper relating to an extended series of experiments of a similar nature, published in the *American Journal of the Medical Sciences* for April, 1883.

These experiments on commercial disinfectants have been very carefully made, under my direction, by Dr. Duggan. The samples were, for the most part, obtained for me by Dr. Raymond, Health Commissioner of Brooklyn, in the cities of New York and Brooklyn. As the experiments are made in the interests of the public, special pains have been taken to secure samples such as are placed in the market, and the rule was adopted at the outset not to test samples sent to us by the manufacturers, but to purchase ourselves such packages as are offered for sale by druggists and other dealers.

Numerous experiments were made, but only those are recorded here which fix the limits between suc-

[1] The flasks used are all made in the laboratory, and are of the form described in the chapter on Technology in my book—*Bacteria*.

cess and failure. In four instances, a failure occurred in the proportion of 50 per cent., *i. e.*, when the undiluted solution was added to an equal quantity of the test-material. These agents were at once dropped without further trial. In the table, the agents are arranged with reference to their relative efficiency.

List of Commercial Disinfectants Tested.

Name upon Label.	Per cent. in which active.	Per cent. in which failed.
Little's Soluble Phenyle (Morris, Little & Co., Brooklyn),	2	1
Labarraque's Solution (*Liq. sodæ chlorinatæ*); name of manufacturer not given.	7	5
Liquor Zinci Chloridi (Squibb's),	10	7
Feuchtwagner's Disinfectant (L. Feuchtwagner & Co., New York),	10	8
Labarraque's Solution (from Freré, Paris),	15	10
Phenol Sodique (Hance Bros. & White, Philadelphia),	15	10
Platt's Chlorides (Henry B. Platt, New York),	20	15
Girondin Disinfectant (James Meyer, Jr., New York),	25	15
Williamson's Sanitary Fluid (D. D. Williamson, New York),	25	20
Bromo-chloralum (Bromo-chemical Co., New York),	25	20
Blackman Disinfectant (Blackman Disinfectant Co., New York),	30	20
Squibb's Solution of Impure Carbolic Acid (about two per cent.),		50
Burchardt's Disinfectant (J. H. Harty & Co., New York),		50
Phenol Sodique (7 Rue Coq. Héron, Paris),		50
Listerine (Lambert & Co., St. Louis),		50

I append to this list the report made by Wynter Blythe (loc. cit.) upon certain commercial disinfectants exhibited at the London Health Exhibition:

"*Various tar-acid disinfectants.*—Jeyes's perfect purifier, the concentrated carbolated creasote of Messrs. D. & W. Gibb, the kresylene described by Messrs. Mackay & Co. as a preparation of coal-tar creasote, pixene, and the thymo-cresol exhibited by Messrs. Ness & Co., have all the property of emulsifying with water. Jeyes's purifier was for some time tried in St. Marylebone urinals and drains, but the deposit left on the surface with which it had been in contact was found difficult to cleanse and inconvenient. I have made some experiments on anthrax in the spore state with the 'perfect purifier.' The solutions used were five to ten per cent.; the 'fluff' had to be freed from the tenacious fawn-colored deposit by alcohol. The result was very similar to what might have been predicted from results of experiments on the pure tar-acids, viz., growth was a little delayed, but never destroyed."

"Mr. James Wheeler's pixene I was on the whole favorably impressed with. He claims to have condensed the whole of the volatile constituents of pure tar, and to have presented them in a form readily miscible with water. . . . Anthrax spores soaked in a ten per cent. solution did not grow for some time."

"*Carbolic acid powders.*—I have experimented on anthrax with Calvert's, Jeyes's, and McDougall's powders; but even when a paste was made with the several powders, and the infected "fluff" allowed to remain therein twenty-four hours, no sterilization resulted."

Similar powders were obtained by our Committee in New York and Brooklyn, but I have not thought it worth while to make any experiments with them, as sawdust, or other material, saturated with impure carbolic acid, or with the volatile constituents of tar, can have no great value, in view of the low disinfecting power of these agents minus the sawdust. An agent which has gained considerable reputation in England is referred to as follows by Blythe:

"*Sanitas.*—Of all the substances introduced under the name of disinfectant, this is the most pleasant. Sanitas is chiefly in the form of sanitas oil and sanitas fluid; peroxide of hydrogen, thymol, camphoric acid, and terebene enter into their composition. Of the numerous sanitas preparations, liquid and solid, the oil seems to be the most active. Nothing replaces or destroys so rapidly the unpleasant odor which tenaciously adheres to hands contaminated by offensive animal matters. It is also to be commended for use in stables, and as a corrective for dung-heaps, and of the sickly smell at times rising from the Metropolitan wood pavement. I made many experiments with sanitas on anthrax. Spores soaked in sanitas fluid for twenty-four hours grew afterwards very freely. Spores placed in the undiluted emulsion, and afterwards removed, seemed at first to have their growth delayed, but in forty-eight hours growth commenced, and ultimately became luxuriant. The oil itself gave similar results. Sanitas powder was also tried, but with no better success."

Returning to the disinfectants in our list, it will be seen that all but the four last-named are efficient in various amounts, ranging from 30 to 2 per cent. But the relative value of the agents as here given does not establish their comparative practical value as disinfectants. Questions of cost, physical and chemical properties, etc., come into the account which it is the province of other members of our Committee to consider. The agent at the head of the list, for example, notwithstanding its superior germicide power, does not seem to me to be as useful as some of those below it, on account of its insolubility and comparatively high price.

We have nothing to say against the use of any of the agents in our list as antiseptics or as deodorizers. No doubt all of them are more or less useful for this purpose, and we have no desire to restrict their use.

But the exaggerated claims made in relation to the germicide, or disinfectant power of certain of these agents, may do immense harm. Thus, one agent advertised as a "germicide" *par excellence*, "Pasteur's marvellous disinfectant," failed *after two hours' exposure* to kill the organisms in our test-solution in the proportion of twenty per cent. Yet this fluid is, by some contrivance, to be thrown into the water-closet of every germ-fearing citizen when he pulls the handle, so that it may catch the germs on the fly and extinguish their power for mischief before they reach the sewers. On the whole, the proprietary disinfectants have turned out better than I anticipated, and any one of the eleven first-named may be used in conformity with the conditions imposed by the experimental test for disinfecting sputum or excreta. For fecal matter, however, it will be best to employ an agent which is successful in the proportion of ten per cent., for example, in at least twice this strength, and in quantity considerably in excess of the material to be disinfected. It must be remembered that in our experiments the germs are suspended in a fluid and this is thoroughly mixed with the disinfectant.

The second agent in our list is the well-known *liquor sodæ chlorinatæ*.

Our experiments lead me to think that this time-honored disinfectant is worthy of more attention than it receives to-day, when so many other agents of inferior value are being pushed by enterprising manufacturers. Our two samples differ greatly in their disinfecting power, which depends upon the amount of sodium hypochlorite present. Dr. Duggan has prepared, and experimented with, a solution containing six per cent. of available chlorine, which proves to be efficient in the proportion of one per cent. I am informed that a solution containing two per cent. of available chlorine could be put in the market for less than forty cents per gallon. Whether this is to be the disinfectant with which we shall fight cholera, must be determined by my colleagues who take up the question from a practical standpoint. But whatever agents are determined to be the best, must be so cheap that they may be obtained by the gallon and used without stint. The time has passed when *pater familias* can complacently congratulate himself upon having disinfected his house with a bottle of carbolic acid which he has brought in his vest-pocket from the corner drug-store.

In view of the efficiency and cheapness of the hypochlorites, I have requested Dr. Duggan to give special attention to these agents, and to prepare a report embodying the results of his biological tests, and such information relating to the *modus operandi*, chemical characters, and available tests of strength, as may be useful to health officers and to the public.

REPORT ON THE GERMICIDE POWER OF THE HYPOCHLORITES.

BY J. R. DUGGAN, M.D., PH.D.,
FELLOW BY COURTESY IN THE JOHNS HOPKINS UNIVERSITY.

IN my previous work on commercial disinfectants, I found that the specimens of Labarraque's solution of sodium hypochlorite, although containing only a small quantity of this salt, were among the most effective in their action. On looking over the literature of the subject, I found that although this solution and that of the corresponding calcium salt (chloride of lime) were among the first used disinfectants, very little had been done to fix accurately their value. In order to determine this, I prepared standard solutions of sodium and calcium hypochlorites for use in the following experiments. The available chlorine, that is, the chlorine which enters into the constitution of the hypochlorites, was determined in these solutions by its oxidizing action on a standard solution of arsenious acid; papers saturated with starch paste and potassium iodide being used to show an excess of the hypochlorite. The well-known method of Dr. Sternberg was used throughout the investigation to determine germicidal value. The following solutions were prepared:

Solution A: Sodium hypochlorite made by passing chlorine gas into a solution of sodium hydroxide. Available chlorine = 6 per cent.

Solution B: Calcium hypochlorite made by passing chlorine gas into milk of lime. Available chlorine = 6 per cent.

Solution C: Calcium hypochlorite made by dissolving 100 grammes of bleaching powder (chloride of lime) in 1 litre of water, and filtering. Available chlorine = 2.4 per cent.

Solution D: Potassium hypochlorite made by passing chlorine gas into a solution of potassium hydroxide, and diluting until the available chlorine = 1 per cent.

The action of Solution A on spores of *Bacillus anthracis* was tried with the following result: 2 per cent. was effective in 30 minutes, 1 hour, and 2 hours; 1 per cent. failed in 1 hour, effective in 2 hours.

Solution B in 2 per cent. gave similar results. In 1 per cent. it was effective in both 1 and 2 hours.

Solutions A and B were both found to be effective in 5 per cent. and 1 minute's time on the organisms of broken-down beef-tea. One-half per cent. of these solutions failed to destroy in 2 hours organisms in broken-down beef-tea, but 1 per cent. of Solution A was effective in the same time. One of the bulbs from a 1 per cent. solution of Solution B broke down, but the other remained clear. These solutions were also tried in 2 and 3 per cent. for 2 hours and found effective.

Solution C was effective in 3 per cent., but failed in 1 and 2 per cent. in 2 hours.

Solution D was effective in 7 per cent., but failed in 5 and 6 per cent. in 2 hours.

In addition to these, we may mention a dilute solution of bleaching powder of unknown manufacture. This contained 0.4 per cent. available chlorine, and was effective in 15 per cent., failed in 10 per cent.; time, 2 hours. The commercial specimens of Labarraque's solution, reported among the commercial disinfectants, showed about the same value in proportion to the available chlorine they contained. These latter experiments were all made on broken-down beef-tea. That this contained spores as well as organisms, was shown by the fact that tubes inoculated from the solution while boiling developed various bacilli. Of course, spores must have been present to resist this temperature.

While it has been thought well to use a pathogenic organism in some of these experiments, I am convinced, from recent work on the subject, that any agent that will destroy *Bacillus subtilis* will also destroy *B. anthracis*, and probably any other pathogenic organism.

The foregoing experiments show that a solution containing 0.25 of 1 per cent. (1 part to 400) of chlorine as hypochlorite is an effective germicide even when allowed to act for only one or two minutes, while 0.06 of 1 per cent. (6 parts to 10,000) will kill spores of *B. anthracis* and *B. subtilis* in 2 hours. A simple calculation will show that all the solutions used were effective when diluted to about this strength, and failed a little below it. No better evidence could be had of the reliability of the excellent method of Dr. Sternberg for testing agents of this kind. These experiments were all made in duplicate, and they show a concordance which I am satisfied can be obtained by no other method with which I am acquainted.

The value of the various commercial preparations, such as Labarraque's solution and bleaching powder (chloride of lime), of course depends on the amount

of available chlorine they contain, since the chlorides and chlorates are of very little value as disinfectants. Bleaching powder usually contains from twenty-five to forty per cent. of available chlorine. For most purposes, a solution containing 1 part of this preparation to 100 of water is strong enough, for this will contain from 0.25 to 0.40 of one per cent. of chlorine as hypochlorite. As is stated above, the smaller of these quantities is sufficient to destroy spores almost instantly. There are very few purposes to which disinfectants are applied that are not fulfilled by this solution of 1 to 100 of bleaching powder. It is not poisonous, does not injure clothing, bedding, etc., and is almost without cost, since bleaching powder is worth only about five cents per pound. The sodium salt furnishes in some respects a more elegant preparation, since it leaves on evaporation sodium chloride instead of the hygroscopic calcium chloride. If prepared according to the U. S. P., it does not keep very well, but when made by passing chlorine gas into a solution of an excess of caustic soda, it shows very little tendency to undergo decomposition. Solution A, although rather concentrated, and frequently exposed to the light and air, has kept for a month without any appreciable change. A solution like this might be put on the market at a very reasonable price, and as it should be diluted with twenty parts of water, it would be far cheaper and more effective than any of the proprietary disinfectants. The odor of the hypochlorites is a slight objection to their use, but in dilute solution this is scarcely disagreeable. Where the odor is not to be regarded, the hypochlorous acid may be liberated by the addition of any common acid, thus increasing the oxidizing power, and liberating a most effective gaseous disinfectant. I hope to make further experiments on this point at an early day.

To fix the value of solutions of the hypochlorites, the following method is sufficiently accurate for ordinary purposes. A standard solution of potassium arsenite may be made by diluting seven parts of Fowler's solution with one and a half parts of water. This corresponds to a one-half per cent. solution of available chlorine. To apply the method, a given volume of the hypochlorite solution is measured out, and the arsenite solution added in small quantities. Between each addition the mixture is well stirred, and a drop taken out on a glass rod and tested on a strip of paper saturated with iodide of potassium and starch paste and dried. As long as any hypochlorite is present, the blue iodide of starch is formed; but when it has all been used up in converting the arsenite into an arseniate, the paper will remain colorless. As each volume of the potassium arsenite solution required for this corresponds to one-half per cent. of available chlorine, the calculation is very simple, *e. g.*, if one volume of the hypochlorite solution = 4.6 volumes of the arsenite solution, the amount of available chlorine present would correspond to 2.3 per cent. Since the preparations now on the market vary so much in the amount of chlorine they contain, this test should always be used to determine their value, and the amount of dilution required. Where the disinfectant is further diluted in use by being added to liquids or semi-solids, the original dilution should not be so great.

The hypochlorites possess the advantage over many of the metallic salts of not forming a coating of insoluble albuminoid matter around solid or semi-solid masses, and thus protecting them from further action. On the contrary, when used in moderately strong solution, they oxidize and disintegrate these materials. They are at the same time destroyed themselves in the reaction, so that we are rid of germs, organic matter, and disinfectant all at the same time.

JOHNS HOPKINS UNIVERSITY, BALTIMORE,
January 19, 1885.

ABSORBENT COTTON AS AN ELECTRODE COVERING—A SUGGESTION IN ELECTRO-THERAPEUTICS.

BY G. BETTON MASSEY, M.D.,
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To practical workers in medical electricity the covering of the metal electrodes used to convey currents to subdermal tissues is a matter of more than apparent importance. The object of this covering is the maintenance of water, or a saline solution, in a position to conduct the current painlessly from the metal surface through the epidermis (which is a very poor conductor in a dry condition) to the moister tissues below. This covering should be thin, yet retentive of a sufficient supply of liquid. It should be soft, cheap, and readily cleansed or renewed. Sponge has been the favorite of late, owing to the superior softness and water-absorbing power possessed by it in contrast with wash-leather or muslin. It has the disadvantage, however, of excessive humidity — often drenching contiguous clothing; added thickness, leading to increased resistance and alterations of resistance while *in situ*, when the pressure is slightly changed; irregularity of surface, causing pain at first instant of contact, and a subsequent unequal distribution of current through the area covered by the electrode. In addition, these sponges, unless frequently removed, cleansed, and carefully re-sewn, soon become unfit for use from an accumulation of verdigris, saline deposits, epidermic scales, and sebaceous matter. Their instrumentality in the transference of disease from patient to patient can readily be conceived, and, unfortunately, instances of this unpardonable accident are on record.

With these disadvantages in mind, the substitution of absorbent cotton as a covering recently occurred to me. A trial demonstrated its value, and I immediately removed the sponges from the greater number of my electrodes. It is applied to the brass disk in a few seconds, after the manner of gynecologists when covering their uterine applicators: a pinch of sufficient size, and with the proper smoothness of fibre, is laid on the face of the disk and the edges pressed over and twisted around the shank by a twirling motion of the electrode. In a moment it is ready for use; and the covering may be rejected immediately after the application. But little practice is required to learn how much cotton to use, and to obtain a smooth covering on any but the very

largest disks. The many advantages of this material for this purpose are too apparent to require mention, not the least being its preëminent smoothness, softness, and neatness.

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MEDICAL PROGRESS.

A NEW AND CERTAIN DIAGNOSTIC SIGN OF PREGNANCY IN THE FIRST MONTH.—REINL, in the *Prager med. Wochenschrift*, No. 26, 1884, claims the following to be a certain indication of existing pregnancy, as early as the first month. A condition of unusual softness, elasticity, and thinness of the lower uterine segment—that is, the segment immediately above the insertion of the sacro-uterine ligament. The cause of this condition is explained by the fact that the lower uterine segment, as the thinnest part of the whole organ throughout pregnancy, must be exceedingly thin, succulent, and elastic.

Absence of this condition does not, however, contraindicate the existence of pregnancy.—*Centralblatt für Gynäkologie*, December 27, 1884.

EXTIRPATION OF A LARYNGEAL POLYPUS AFTER LOCAL ANÆSTHESIA BY COCAINE.—DR. S. MEYERSON, of Warsaw, publishes in the *Wiener med. Presse*, Dec. 28, 1884, an interesting case of the removal of a laryngeal polypus after the local application of cocaine, which still further confirms the value of this drug in all operations connected with mucous membranes.

The patient, a man forty years of age, had suffered for five years from hoarseness. For a short time previous the hoarseness had increased, and when he was first seen by Dr. Meyerson, he was entirely voiceless. Examination revealed the presence of a granular pharyngitis. The uvula was much thickened and lengthened. The laryngoscopic examination was very painful. In the larynx under the edge of the right vocal cord, about one-twelfth of an inch from its anterior extremity, was present a pear-shaped polypus about two-fifths of an inch long, attached by a slender pedicle. It changed its position, both in inspiration and expiration. During inspiration, the polypus was drawn beneath the vocal cords into the larynx; and in expiration, it was drawn outside the larynx, and, resting upon the vocal cords, covered them to an extent of two-thirds their length. During phonation, the polypus was held between the vocal bands and was pressed upon by them, their edges being separated about one-twelfth of an inch. The introduction of the instruments into the larynx excited considerable reflex spasm, and a sixteen per cent. solution of cocaine was applied to the uvula, soft palate, pharynx, base of the tongue, and larynx. Within two minutes the polypus was extracted without reflex spasm, and the patient's voice was restored; he was, however, somewhat hoarse, owing to the thickening of the right vocal cord.

PERINEAL CALCULUS.—DR. SARGET, in the *Union de les Ciencias Médical* et *El Siglo Médico* of Nov. 1884, reports an interesting case of perineal calculus in a laborer who for two years had had a swelling in the perineal region, which caused great inconvenience in urination. The patient was a man of fifty years, had fever with nocturnal exacerbations; the tongue was dry and furred; there were anorexia, polydipsia, almost continual suborbital headache, and sleep was incessantly disturbed by frightful nightmares. Various physicians had examined the growth, some pronouncing it to be a malignant tumor of the prostate, and others an inflammation. Examination revealed an induration extending from the root of the scrotum to the sphincter ani of a nearly cartilaginous consistency, contact with which, however light, caused extreme pain. Urination was extremely painful and accomplished drop by drop. The patient would not permit the introduction of a bougie; accordingly treatment was only tentative, rectal examination having only been made and no definite conclusion reached. Bromide and belladonna were given internally and an emollient ointment externally. Under this treatment the tumor diminished somewhat, and it was continued six days. At the end of this time the patient returned, complaining of insupportable pain. Application of a strongly iodized ointment increased the pain, and was discontinued. Examination now showed a point of fluctuation, and puncture permitted the escape of great quantities of pus, and on introducing the finger a foreign body was felt at considerable depth in the tissues. It was rough, hard, and could not be moved. The day following, the incision was enlarged, and the body removed in three pieces. The wound cicatrized slowly, but both the fever and difficulty of micturition at once disappeared, and there was great improvement in health.

The patient gave a history of having received a long time previously a contusion of the perineum, following which there was retention of urine for thirty-six hours and great pain for fifteen hours. The pain had gradually disappeared, but some difficulty in urination had ever since persisted. These facts make it probable that there had been infiltration of urine and a consequent precipitation of urinary salts, to which the calculus was due. Examination of the calculus, which was of the size of a very large kidney bean, showed it to consist of the phosphate and carbonate of lime and some organic matter, no trace of the urate of lime being present.—*Gazette Hebdomadaire des Sci. Méd. de Montpellier*, Jan. 3, 1885.

ANURIA AND ITS TREATMENT.—DR. MANDRILLON, in the *Journal de Médecine de Bordeaux*, after discussing anuria in its various phases, reaches the following practical conclusions:

1. Anuria is only a symptom, having for its causes (apart from a nervous or hysterical origin) a simple mechanical or organic obliteration of the ureters, or some disease of the kidneys.

2. Anuria is serious only on account of the uræmia which it causes.

3. Its gravity is in proportion to the lesions produced: fatal, if they are permanent; curable, if they are transient.

4. Anuria which is cured is immediately followed by abundant diuresis of short duration.

The first indication is to bring on urination, and to prevent the accumulation in the blood of waste products; the second is to combat the effects of uræmia. To fulfil the first, the patient should at once be put on an exclusively milk diet. Milk has no diuretic proper-

ties, but taken in large quantities, it raises the pressure in the bloodvessels, and thus favors diuresis, and also reduces to a minimum the production of uræmic products.

Certain drugs, such as digitalis, opium and its alkaloids, and squills, should be prescribed with great caution, inasmuch as they are excreted by the kidneys, and retained, may produce toxic effects.

Chloral hydrate, of all the hypnotics, should be preferred, since it is eliminated in great part by the pulmonary mucous membrane. Alcoholic and diffusible stimulants, and, above all, caffeine are indicated in certain cases to raise without danger the arterial tension.

To combat the accidents of uræmia, two indications present themselves:

1. To prevent as much as possible the formation of urea and uric acid.

2. To expel from the system these poisonous products.

To this end the hot bath is prescribed, and highly recommended as giving excellent results. This should be supplemented by drastic purgatives and emetics as additional means of removing the retained waste products, which, if allowed to remain, cause uræmia.—*Revue Médical*, Jan. 2, 1885.

PEROSMIC ACID IN PERIPHERAL NEURALGIA.—NEUBER has lately called attention to the value of perosmic acid in peripheral neuralgia. The remedy seems also worthy of trial in sciatica, as is shown by its use in numerous cases treated by DR. ANTON WÖLFLER. The first case cited is that of a man who for three years had suffered from sciatica, the affection finally becoming so painful as to prevent all labor.

Oct. 9: an injection of one-half a Pravaz syringeful of a one per cent. solution was first administered, between the trochanter and the tuber ischii. A whole syringeful was afterwards employed.

Oct. 10: two injections were administered. At first severe pain was felt in the region of the peroneal nerve, but soon the neighboring parts were entirely devoid of sensation, the whole leg feeling "as if it were wood."

Oct. 12: third injection. The neuralgia has lost its intensity. The patient himself designated the point for the injection. During the injection severe pain was experienced in the region supplied by the peroneal nerve.

Oct. 13: The pains were comparatively unimportant, however not entirely abolished. The toes were slightly movable. Pain in the region of the peroneus muscles, and injection was made there.

Oct. 14: All pain has markedly abated. In the leg none at all was felt. Injections were nevertheless made on the 16th, 22d, 23d, 26th of October. On the last day, the patient declared himself free from pain, and that he needed no more injections. Four months later, the patient ceased to be under observation. The pains at this time had not returned, and the man was able to go long distances on foot without inconvenience or pain. In other cases, the use of the acid hypodermically was followed by like favorable results. As to its beneficial effect in trigeminal neuralgia, nothing as yet can be said. The cases in which it has been applied are not sufficiently numerous and the time of observation too short.

The assertion that the hypodermic injection of perosmic acid is painless is incorrect. Every patient in whom it was used complained of pain, which lasted at least from one to two minutes. It is further of interest that several of the patients designated the direction of the pain, which corresponded to the course of the nerve and its branches, and that the first sign of improvement was that they no longer could distinguish whence their former pain started or to what region it extended.

Although the value of the acid for peripheral neuralgia is not certainly established, the means for successfully treating this affection are so meagre and unsatisfactory that it is certainly worthy of further trial, even if it is not found to give relief in every case. It seems that it is more beneficial in some localities than in others, for instance, in the sciatic than in the trigeminal regions.—*Wien. med. Wochenschr.*, Dec. 14, 1884.

A HERMAPHRODITE.—M. GÉRIN-ROSE, at a recent meeting of the Société Médicale des Hôpitaux, presented a cast of the genital organs of a hermaphrodite (*sans exces masculin*). Classification of Geoffroy Saint-Hilaire.

Julie D., aged 26, entered the hospital ill with typhoid fever. She had the features and appearance of a woman, voice, breasts, etc. The labia majora and minora were normal, but the clitoris was of the form and size of a small penis. Examination showed a glans penis, prepuce, and corpora cavernosa. The glans was imperforate. The meatus urinarius was beneath the penis. There were no traces of a hymen nor of carunculæ myrtiformes. She was not a virgin, as her history affirms. A vaginal orifice opened directly from the vulva without an intermediary diaphragm. There was a cul-de-sac at the extremity of the vagina, but no uterus. The woman had never had menstrual periods nor uterine congestion. There were present two ovoid bodies in the labia majora resembling testicles. The probable absence of ovaries and the presence of testicles is a proof that Julie was a man, although she presented the external characteristics of a woman. She, however, cared nothing for men. The "vagina" only, was sensitive. Friction of the penis (or clitoris), though causing erection, produced no other effect.—*Archives de Tocologie*, Jan. 1885.

DISLOCATION OF THE HIP; SUCCESSFUL REDUCTION AFTER TWELVE WEEKS.—Drs. J. H. and L. T. Hall, of Potosi, Mo., report a case of successful reduction of a dislocated hip twelve weeks after injury. The patient, a little girl, fell from a tree and dislocated the hip. The luxation was promptly reduced under chloroform, but spontaneous dislocation seems to have at once occurred. Twelve weeks after the injury the Drs. Hall were called to see the patient, and having etherized her again reduced the luxation which was backward, the head of the femur resting on the dorsum of the ilium. Extension was applied, and four weeks later the child was able to use the leg freely. Considering the length of time intervening between luxation and its reduction, the case is unusual.—*St. Louis Courier of Medicine*, January, 1885.

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INTUSSUSCEPTION AND ITS TREATMENT.

OF the affections of the intestines, there is not one of more importance than obstruction. From whatever cause it may arise, the symptoms are usually severe, the mortality is exceedingly high, and the treatment has, up to the present, been by no means satisfactory. Hence it is that we welcome with no little pleasure the interesting and instructive lectures on "Acute Intestinal Strangulation and Chronic Intestinal Obstruction," delivered by MR. BRYANT before the Harveian Society of London, and published in the *British Medical Journal* for November 22 and 29 and December 13, 1884, and the recent paper on the "Treatment of Intussusception," read by MR. TREVES before the Medical Society of London, and published in the same periodical for January 3, 1885. As the entire subject of obstruction of the intestines is too comprehensive for discussion in these columns, we shall confine our remarks to intussusception, which is one of its most common causes.

Mr. Treves divides intussusception into four kinds, namely, enteric, colic, ileocæcal, and ileocolic. In the enteric variety, which constitutes 30 per cent. of the entire number, the small intestine, and usually the lower part of the jejunum, is alone involved, and the resulting tumor is small. In the colic, which forms 18 per cent. of the whole, the colon is alone implicated, and usually that part to the left of the transverse colon. In the ileocæcal, which comprises 44 per cent. of all cases, the ileum is invaginated into the cæcum; while in the ileocolic, which forms 8 per cent., the ileum is prolapsed through the ileocæcal valve, and the cæcum is invaginated into the colon. The colic variety is, as a rule, chronic, and the other varieties pursue an acute or subacute course.

From a clinical standpoint, Mr. Treves separates intussusception into four classes: First, the ultra-acute, in which death follows within twenty-four hours; secondly, the acute, lasting from two to seven days; thirdly, the subacute, which terminates fatally between seven and thirty days; and, fourthly, the chronic, in which the period is extended beyond thirty days. The ultraäcute is very rare. Of the remaining clinical varieties, out of every 100 cases, 48 will be acute, 34 subacute, and 18 chronic. The acute varieties are most common in children, while chronic cases are most frequent between the ages of twenty and forty.

In the treatment of intussusception, the question of spontaneous recovery after sloughing of the invaginated gut has had an important influence upon the conduct of not a few surgeons, who have permitted nature to pursue an unaided course in preference to resorting to laparotomy. Spontaneous elimination of the gangrenous intestine occurs in about 42 per cent. of all cases; but it is less common in the most frequent form of the lesion than in the other varieties, being about 20 per cent. for the ileocæcal, 28 per cent. for the colic, and 61 per cent. for the enteric. It is most rare, moreover, in children under the age of eleven years, in whom intussusception is most common, and its mortality is over 40 per cent., being relatively higher at the very ages when spontaneous elimination is most frequent. Hence, although three-fifths of the cases, and many of them of the gravest character, recover after sloughing of the invaginated bowel, this termination holds out delusive hopes, and it may be safely said that in children under eleven years, who constitute 50 per cent. of all forms of invagination, not more than twelve out of every hundred will be the subjects of spontaneous cure.

From these considerations, Mr. Treves deduces the axiom to place no reliance upon expectant measures, but to treat the case promptly and actively. Of remedial agents, opium stands at the head of the list. It places the bowel in a state of physiological rest, checks pain, relieves shock, prevents the increase in the size of the invagination, although the process of strangulation may still progress, and places the patient in the most favorable position for the employment of further treatment. No nourishment should be given by the mouth in acute cases, as food is rejected almost as soon as it is swallowed, while thirst may be relieved by enemata or by sucking ice.

With a view to the reduction of the invagination, injections of water, at a temperature of 99° F., should be resorted to as soon as the patient is under the influence of opium, but no benefit can be expected to attend their use in acute cases after the second day.

In subacute cases, on the other hand, successful reduction has followed the employment of enemata at almost any period of the disease, even after the lapse of twenty days. Massage, electricity, the use of metallic mercury, ice, and other modes of treatment are useless, frequently harmful, and waste precious time. Hence, should enemata and opium fail, laparotomy is indicated in all acute and subacute cases within the first forty-eight hours, and, if possible, within the first twenty-four hours when the patient is an infant or young child.

The procedure should be conducted with strict antiseptic precautions, and the median incision is preferable, as it permits exploration of the entire area of the abdomen. When the state of the gut warrants it, gentle attempts should be made to reduce the invagination; but should the reduction be difficult or impossible, or should the bowel be severely damaged, or partially or wholly gangrenous, the involved parts should be resected, and an artificial anus be established. The practice of uniting the divided ends of the bowel immediately after the resection is to be condemned; but the artificial anus may subsequently be cured by the ordinary resection operation.

The mortality of laparotomy is 72.7 per cent. as estimated from 33 recorded cases; where the reduction was easy, it was only 30 per cent., while it was 91.3 per cent. where it was difficult or impossible. If in the future the operation be performed early, there is every reason to believe that the fatality will be much less.

Having drawn attention to the principal points discussed by Mr. Treves, it only remains for us to say that we think that the rules of practice which he has laid down are correct, and that they will be approved by the majority of surgeons. Mr. Bryant, indeed, goes still further, since he advises that laparotomy, with the formation of an artificial anus, should be performed in all cases of acute intussusception as soon as the diagnosis is made, and in all cases of chronic invagination which have not been relieved by other measures within three or four days.

PRECOCIOUS MATURITY.

WHILE it has been proved that race, climate, mode of life, and heredity are important factors in determining the time of the first menstruation, that, which has been called by Raciborski the genital sense, may have a greater power than all of these. This genital power varies in individuals, and hence we find a difference in individuals living in the same climate, and apparently surrounded by the same circumstances and under the same influences, as to the time when the first menstrual flow occurs. The great energy of the genital sense explains, too, the advent of menstruation in those who, so far as their age is concerned, are mere children, or even infants. Examples of these "emmenic monstrosities" are occasionally reported in medical journals, and recently DR. V. GAUTIER has collected, in the *Journal D'Accouchements*, forty-one instances of what is called precocious maturity, and presents some interesting facts in regard to them.

In about one-half the cases menstruation appeared in the first year; adding to these those in which menstruation occurred in the second year, the number first menstruating within two years becomes more than one-half. Dr. Gautier justly observes that menstruation within the first two years is so striking a fact, that all cases of this kind are published, while with each added year the occurrence is not so remarkable, and hence the cases are not so generally reported. He believes that, while examples of menstruation at seven or eight years have been published, he is the first to record a case of menstruation between five and six years.

One of the most interesting cases the author has given is that of a girl dying at three years and a half from a hematocele, an external flow having been impossible because of genital atresia.

Those who have met with cases of precocious menstruation—we have seen a girl who menstruated at three years and a half—have observed that the menstruation is but a part of the evidence of early puberty. These emmenic monstrosities have a physical development far beyond their years, or, as it may be, months; their weight is four or five times greater than that belonging to their age, and the pelvis and the mammary glands have undergone a precocious development. The exception to this rule is furnished by infants who have a hemorrhage from the sexual organs at birth, which returns with more or less regularity: in these cases no similar development has been seen.

It is very natural and very common for mothers to be anxious in regard to children manifesting the signs of precocious maturity: this is especially true if the puberty is shown by menstruation. The family physician will usually be applied to for some means to stop the periodical flow. Of course, however, he will recognize the wisdom of non-interference, carefully abstaining from remedies to check a physiological discharge, and directing his attention to the child's general health.

TOXIC PROPERTIES OF NORMAL URINE.

THAT normal urine is possessed of toxic properties has been affirmed and denied by various observers. The former opinion, however, has most supporters, and efforts have been made to identify the toxic substance which at one time has been said to be urea, and at others uric acid, creatin, and the salts of potassium.

The subject has been investigated by GAUTIER, POUCHET, BROUARDEL, BOUTMY, and others, who discovered and studied the substance known as ptomaine, which, on account of its behavior, was regarded as an alkaloid—the alkaloid of putrefaction.

Recently, however, M. BOUCHARD, in a communication to the Société de Biologie, of which a résumé is published in *Le Progrès Médicale*, Dec. 20, 1884, has treated the subject anew. He concludes that there exist alkaloids in the normal state of the living organism and are formed in the digestive tract, where they are elaborated by vegetable organisms which are the agents of putrefaction. The alkaloids of the normal urine represent a part of the alkaloids of the intestine, whence they are absorbed, and excreted by the kidneys.

Before proceeding to study the toxic substance itself, Bouchard investigated its effect upon animals by the intravenous injection of urine. He thus ascertained that from fifteen to twenty drops of urine, either in its natural state or neutralized, were sufficient to kill a frog, and that, in the dog, by the injection of a sufficient quantity, there were produced contraction of the pupil, diminution in the number of respirations, feebleness of muscular movement, lowering of temperature, abolition of reflex movements, and a state of torpor, soon succeeded by death from arrest of respiration, the heart continuing to beat for some time. The effects vary in intensity with the quantity injected, and when the animal recovers, muscular feebleness continues until the functions are reëstablished apparently by an abundant secretion of urine. These symptoms at least suggest those of uræmia.

The observer then sought to determine the elements in which the toxic influences reside. Urea and uric acid were both shown to be innocuous, while the salts of potassium exist in too small proportion to be harmful. On the other hand, there was reason to believe that some toxic properties do reside in the coloring matters of the urine, since urine filtered through animal charcoal was found to be less toxic in its effects than unfiltered urine, while such effects were not totally removed. That the poisonous properties are not due to volatile substances, is proved by the fact that ebullition does not destroy them, and that they persist in the extracts of urine as well as in the natural liquid, and especially in the alcoholic extract, which does not, however, produce contraction of the pupil but salivation in its stead. This same alkaloid, the alcoholic extract of which produces salivation, is found also in the liver, in muscle, and in blood. Finally, if the residue left after extraction with alcohol be redissolved with water, and the solution thus obtained be injected into the veins, the phenomena are much more serious than when the alcoholic extract itself is injected.

These toxic effects of urine are found to be increased even by a simple cold, or feeling of lassitude, as well as by more serious acute maladies, showing the extreme importance of a knowledge of the substances producing them, since one may ultimately expect therapeutics to be influenced by such information.

As the result of these observations, Bouchard has concluded that toxic influences reside not in a single one, but in several of the constituent elements of the urine, none of which, however, except the coloring matters, has been definitely ascertained. Doubtless further accurate chemical researches will shortly add to our knowledge of these matters.

TARNIER'S BASIOTRIBE.

A RECENT number of *Le Progrès Médicale* contains a communication made to the Copenhagen Congress by Dr. PAUL BAR upon the mode of employing Tarnier's basiotribe, and the results obtained by it, As our readers doubtless know, this recent invention of the distinguished Paris obstetrician consists of three branches, two of these being similar to the blades of the cephalotribe, and similarly connected by a compressing-screw, while the third is a perforator. The instrument happily unites the advantages of the cranioclast and of the cephalotribe. As illustrating the value of the instrument, Dr. Bar narrates a case in which delivery was successfully effected by it, though the antero-posterior diameter of the inlet was only two inches and three-tenths.

The combination of a perforator with an extractor, and an extractor that grasps so firmly that it cannot slip, certainly presents obvious advantages. Tarnier's perforator is certainly quite equal to Simpson's basylist, or to Hubert's transforator in breaking the base of the skull, and we should think more easily and safely manipulated than either of the latter. After using the basylist, Simpson employs the cranioclast for extraction, while Hubert, after transforation, united delivery to the uterine contractions, or aided them by slight traction. Tarnier's method seems simpler, more rapid, and safer.

A CENTURY OF PUBLISHING.

ON the occasion of the Centennial Anniversary of the foundation of their business house, Lea Brothers & Co. have issued an interesting sketch of its history, which dates back nearly to the birth of the Republic. The business was established by Matthew Carey, who, at the early age of twenty-five, after having attained considerable reputation as a political writer, left his native land, in disguise, at a time when there was a criminal prosecution hanging over him for libel on the Premier, and the Attorney-General had filed a bill to deprive him of the protection of the grand jury. He at once established

in Philadelphia a daily paper, called *The Pennsylvania Evening Herald*, followed shortly after by a monthly magazine, subsequently known as *The American Museum*. The publication of books soon followed upon journalism, and the medical branch of the business took firm root with the establishment, in 1820, of the *Philadelphia Journal of the Medical and Physical Sciences*, which, in 1827, changed its name to *The American Journal of the Medical Sciences*, and which is now, with the single exception of the *Edinburgh Medical Journal*, the oldest existing medical journal in the English language. THE MEDICAL NEWS was established by the same house in 1843.

The medical department of the business soon assumed leading proportions, and, finally, upwards of forty years ago the attention of the firm became concentrated on it, and its list of publications contains the books of Wistar, Chapman, Coxe, Horner, Gibson, Dewees, Dunglison, Meigs, Hodge, Gross, and, in addition, of nearly all the prominent medical writers of the present day.

During its long career, the house has been in intimate business relations with the profession in this country, it has supplied it with by far the greater part of its literature, and the works of almost all the leading American medical writers bear its imprint. During the whole of this period, it has invariably maintained its commercial honor, and never failed to meet its obligations to the day, and has enjoyed the entire confidence and esteem of its patrons.

With such an honorable record, the house enters upon the second century of its existence, with all the evidences of undiminished vigor and energy, and with the best wishes of the profession for a long continuance of the prosperity which has marked its past career.

"FURTHER WEST."

DR. SKENE KEITH, son of the great ovariotomist, in discussing before the Edinburgh Obstetrical Society Emmet's operation for tears of the neck of the womb, stated that "when he returned from America he had too sanguine ideas of the value of the operation, and was eager to perform it on all possible cases. Since then he had modified his views; and even by Emmet himself the operation was now one which was comparatively seldom performed. Those who most frequently performed it were chiefly the men further west."

Dr. Keith, whose visit to this country a year ago is remembered with pleasure by the members of the profession who met him, is probably mistaken in his statement as to those who chiefly perform the operation in question being "further west." Both east and west, in some localities, there may be found men who attach too great value to the operation, and are unwilling to listen to the conservative teaching of Dr. Emmet himself, and to follow his advice. But we do not believe that such men are more numerous in one than in another part of our country. Light and darkness belong not to places so much as to men, and in this country of magnificent distances, but of easy communication, and a country with a universally pervading periodical literature, knowledge and professional skill are not bounded by geographical lines, or determined by the number of miles a man lives from the seaboard.

REVIEWS.

THE FORMATION OF POISONS BY MICRO-ORGANISMS. A BIOLOGICAL STUDY OF THE GERM THEORY OF DISEASE. By G. V. BLACK, M.D., D.D.S. Pp. 178. Philadelphia: P. Blakiston, Son & Co., 1884.

THE second portion of this volume, for which alone the author claims originality, professes to supply the *why* of many experimental facts furnished by such mere routine observers as Koch and Pasteur, and when sifted, as the author suggests, is found to contain some good grains among the chaff—a faint praise to which many more pretentious works are less fairly entitled. After a fair account of the rise and progress of the germ theory, in the first part of the book, Dr. Black starts, in his second section, with the statement that the mere presence of the organisms is not a sufficient cause for the diseases which experiment teaches us are produced by them, and endeavors to show that the phenomena of the contagious diseases are in many cases best explained by the supposition that during the growth of their severally characteristic bacteria, ferments somewhat analogous to ptyalin, pepsin, etc., are formed, and act as local or general poisons upon the animal system in which their development occurs. This doctrine, as is pointed out, fully accords with what we know of the life history of the *Torula cerevisiæ* or yeast plant, during the development of which, sugar is split up into alcohol and acetic acid, as well as of many similar fungoid growths. It also gains support from the curious experiment of Sachs, proving the power of plant roots to corrode, and, as it were, digest the surface of a polished marble plate, upon which they ramify. A well-sustained effort is made to compare this operation with the resorptive digestion in an animal body, by which a clot of blood, a catgut ligature, the fang of a temporary tooth, or a fragment of necrosed bone is removed. Finally, the violent symptoms of many acute infectious diseases in their more virulent forms are attributed to the rapid development of poisons similar to the vegetable alkaloids, to the ptomaines, or to Bergman's sepsin, produced by particular bacteria, which "remoleculize" the normal fluids into compounds noxious to life. Such a theory as this admirably explains the phenomena presented in rapidly fatal cases of cholera, in which death takes place before time for a general distribution of bacilli throughout the economy in dangerous abundance is allowed. It also gives a clue to the mechanism of speedy death induced in mice by injections of the contents of the intestines of cholera patients from which the bacilli had been removed. In an appendix, Dr. Black ably argues in

favor of the hypothesis that dental caries is the result of various corrosive materials elaborated in the mouth during the process of fungoid growth, substantially as urged by Leber and Rottenstein in 1868.

This really useful book is marred by evidences of imperfect scholarship. Thus, for example, the well-known treatise, "*De re rusticâ*," of Varro (not that of Cato), is cited on page 14 as if it were the name of some author of antiquity, and by way of rendering the blunder more ludicrous, has the constituent words of its title connected by hyphens, in a manner which would have sadly shocked the sensibilities of the erudite old Roman.

SOCIETY PROCEEDINGS.

MEDICAL SOCIETY OF THE STATE OF NEW YORK.

Seventy-ninth Annual Meeting, held in Albany, February 3, 4, and 5, 1885.

(*By Telegraph from our Special Reporter.*)

TUESDAY, FEBRUARY 3D—FIRST DAY.

MORNING SESSION.

THE Seventy-ninth Annual Meeting was held in Agricultural and Geological Hall, and the Society was called to order at 10 A.M. THE PRESIDENT, DR. B. F. SHERMAN, of Ogdensburgh, in the Chair.

The session was opened with prayer by Rev. Dr. Reese.

THE PRESIDENT then delivered his

INAUGURAL ADDRESS.

He said: Gentlemen, in behalf of the Medical Society of the State of New York, I welcome you to this, its seventy-ninth annual session.

I recognize before me many familiar faces, also some new ones, and am sorry to see that some of our former friends and co-workers are conspicuous by their absence; but earnestly hope and believe that, after a sober second thought, our brothers will return to the old home, the doors of which shall always be open to receive all the honest workers in science and searchers for the truth.

We live in an age of wonderful improvements, and our profession in all its branches has kept fully abreast with the age. One of its latest gifts to suffering humanity is the new anæsthetic, cocaine, which promises in its relief of pain and suffering to be second to ether and chloroform, and to simplify many important, as well as minor, surgical operations. To make this Society what it should be, demands an earnest effort on the part of us all, and perhaps some change in the programme. We should have a better room in which to hold our meetings, one with better acoustic properties as well as better ventilation. Too many members and delegates come here to serve two masters—to represent their county societies in this meeting, and at the same time to represent their local Masonic lodges in the Masonic convention, or to see and study the white elephants of the city. We should have a less number of papers and devote more time to the discussion of the few. We should at once memorialize Congress to furnish a fireproof building for the preservation of the National Medical Library and Museum. I would respectfully advise the amendment of article 2, section 2, of the by-laws, in a way as to require but one Address from the President, and that on the opening of the first day's session.

He presented a communication from the New Jersey Medical Society in regard to a prescribed preparatory curriculum, and suggested its reference to a special committee, to report at the next annual meeting.

The following committees were then appointed:

Business Committee.—Drs. J. V. Kendall, of Baldwinsville; Laurence Johnson, of New York; and L. E. Felton, of Potsdam.

Committee on the President's Address.—Drs. W. W. Potter, of Buffalo; T. H. Squire, of Elmira; and A. M. Phelps, of Chateaugay.

COMMUNICATIONS FROM COUNTY MEDICAL SOCIETIES

were then called for.

The Erie County Medical Society presented the following:

At the annual meeting of the Erie County Medical Society, held January 13, 1885, the following resolutions were unanimously adopted:

Whereas, The Medical Society of the County of Erie has, during the year last past, frequently placed upon record its appreciation of the importance of the matter of State license of practitioners of medicine, and

Whereas, This subject is receiving the earnest attention of the medical profession of the State as represented by the Medical Society of the State of New York, therefore

Resolved, That this Society would respectfully represent to the Medical Society of the State of New York, its confirmed sense and conviction of the importance of securing to the profession and the public the advantages of a State licensing board.

Resolved, That it is the further sense of this Society that such State licensing board should be composed of men having no connection with any medical institutions liable to conflict with the full and unbiassed discharge of their duty as State examiners.

The New York County Medical Society presented a number of biographical sketches; also some suggestions in reference to business, and some resolutions in regard to the By-Laws, which were referred to the Committee on the By-Laws.

DR. HENRY I. BOWDITCH, of Boston, an honorary member of the Society, was introduced and invited to a seat on the platform.

DR. W. W. POTTER, of Buffalo, read a paper entitled

A CASE OF ACUTE PELVIC ABSCESS, WITH REMARKS.

The case related was of a woman 38 years old, who was seized with pain in the right iliac region, without preceding illness, and ten days afterwards the reporter drew off, by aspiration through the vagina, nearly or quite two quarts of fetid pus. A drainage-tube was inserted after enlarging the opening, and the cavity washed out with mercuric chloride water, 1 to 3000. The symptoms of septic absorption were marked, and, two days after the operation, the patient was thought to be dying. She rallied, however, under hypodermatic injections of brandy, ether, and alcohol, and made a good recovery at the end of six weeks. Iodoform was injected into the pus cavity in the form of an emulsion, and this was believed to play an important part in the

successful issue, for, in one week after commencing its use, the pus cavity closed by granulation, and the drainage-tube was no longer required. The interesting points which the case presented were:

1. The rapidity with which so large an abscess formed in the non-puerperal woman.

2. The large quantity of pus which accumulated in so short a time, and which was drawn off at a single sitting.

3. The corresponding rapidity with which the cavity filled by granulation, and finally closed.

4. The introduction of iodoform by emulsion into the cavity, and the rapid improvement which seemed due to its use.

The pathology of non-puerperal pelvic abscess was briefly considered, and its surgical treatment dwelt upon at some length. The treatment by evacuation was regarded as the only safe method. This could be done through the vagina if the abscess was within easy reach —*i. e.*, well down in the pelvic cavity; but, if high up, and hard pressure in the posterior vaginal cul-de-sac, or vault, were required to reach it, then the method of Tait was advocated. This consists, essentially, in opening the abdomen down upon the tumor, stitching the abscess sac to the margins of the incision, laying it open freely, cleansing it antiseptically, and inserting a drainage-tube.

Byford's plan of curetting the walls of chronic abscesses for the removal of tag-like formations was commended as both useful and scientific, in cases in which these pathological formations are found to consist.

The improved methods of diagnosis in pelvic diseases were referred to, viz.: The Sims's position, bimanual palpation, and the aspirator; and the corresponding improvement in the surgical care of these cases since antiseptics have come into vogue, was remarked upon.

Particular stress was laid upon the necessity for the complete evacuation, and thorough cleansing of the abscess sac at the first sitting, as well as the frequent and careful washing out of it subsequently; all of which must receive the personal attention of the surgeon, for he alone is familiar with the topography of the abscess and its surroundings.

DR. MUNDÉ, of New York, could not help believing, from the history of the case, that the abscess must have been due to one of two things, either a hematocele accumulating and becoming rapidly septic, or the result of septic material being carried into the pelvic cavity from salpingitis, or through the Fallopian tube. The general character indicated that the inflammation had not been in the connective tissue. If such had been the case, he could not see how so large an abscess could form in the connective tissue in so short a time.

He thought that it would have been better to have avoided the use of the lancet and have enlarged the opening by stretching. He considered a 1 to 3000 a rather strong solution of corrosive sublimate, to be used so often as is necessary in these cases. He would begin with 1 to 1000, and reduce to 1 to 5000, and would use this every half hour. In using the drainage-tube he had secured it in some instances to the cervix with a silver wire. His recent studies had led him to believe that the most common cause of these abscesses, as well as of local peritonitis, was salpingitis, and that through the Fallopian tube, which furnishes communication between the exterior and the peritoneal cavity, septic material passes.

In regard to treatment, he did not consider opening into the vagina the best in all cases. If the abscess is large and points in the vagina, such an operation is proper, but in many of these cases the abscess does not so point, and this especially is the case in abscess in the cellular tissue. In the large majority of cases he thought that the best plan would be to open the peritoneal cavity and evacuate the abscess. If it involves the tube and ovary and is small, the whole mass may be removed together and a drainage-tube be put in. If the abscess is large and fetid, and there is danger of septic infection, there would be no objection to cutting down and making a counter-opening in Douglas's cul-de-sac. In many of these cases even if the abscess is evacuated through the vagina, drainage will have to be continued almost indefinitely, for the original trouble, the inflammation of the Fallopian tube, is left behind.

DR. ELY, of Rochester, reported a case of pelvic abscess treated in a manner somewhat different from the case of Dr. Potter. This was a case of latent abscess, the patient presenting no symptoms of pelvic trouble, but seeking advice only for a general ill-health and latent suppuration. It was in an unmarried girl of sixteen. Attention being attracted to the abdominal region, examination revealed a tumor which simulated pregnancy. Examination per vaginam, however, showed a small uterus, and suspicion of an abscess was aroused. There was no pointing in the vagina. Dr. Moore, of Rochester, saw the case, and concurred in the diagnosis of a collection of pus. A large curved trocar was introduced below the navel and carried through into Douglas's pouch. The removal of the trocar was followed by the escape of three pints of fetid pus. A drainage-tube was inserted, one extremity projecting from the abdominal wound and the other into the vagina. The abscess cavity was washed frequently with warm water. The result was rapid closure of the abscess and complete recovery of the patient.

DR. BOWDITCH, of Boston, described a case illustrating the advantages of abdominal section. A child, two years of age, was seen in consultation in a condition of apparent articulo mortis, suffering with an abscess within the abdominal cavity. The abdomen was punctured and a large amount of pus escaped. Three days later the pus had reaccumulated. The incision was then made into the abdomen, and the peritoneal cavity was thoroughly washed out. Complete recovery followed in a short time. He thought that surgeons were too much afraid of opening the peritoneal cavity, and in his opinion no one should ever be allowed to die where there was a chance of benefit from this operation.

DR. BAKER called attention to the method recommended by Dr. Emmet in the early treatment of pelvic inflammation—*i. e.*, the continuous use of water so hot that the external parts have to be protected. This treatment will abort many cases if begun early.

DR. POTTER, in closing the discussion, said that he had not been able to give all the details in the limited time permitted to him. In regard to causation, the question of retained products of conception was considered, but rejected. Hematocele was considered, but when first examined there was no immobility of the

pelvic organ, and nothing to indicate that the abdominal cavity was involved. In regard to the use of the knife, he had no means of dilatation, and as the opening was in the central line, he considered it safe to use the lancet. Under any other circumstance, he should avoid the knife.

DR. DAVID WEBSTER, of New York, then read a paper on

JEQUIRITY AS A REMEDY FOR GRANULATED LIDS WITH PANNUS.

He opened with a reference to the number of chronic cases which must be treated by the general practitioner, and he thought that jequirity, if used with proper care, could be employed by the general practitioner, if the following rules be observed:

1. Use the drug only in cases in which considerable pannus exists.

2. Use nothing stronger than a one-fourth of one per cent. solution.

3. Make the application only once a day, and do not repeat it after the characteristic inflammatory reaction begins to show itself.

A solution of the proper strength may be made by mixing an average-sized bean in one ounce of water. This should be allowed to stand for four hours and then filtered. After being kept a week, the solution becomes worthless. The solution should be thoroughly applied over the eyelids and the patient allowed to bathe the eye with it for about five minutes. One application is generally sufficient, although it sometimes has to be repeated. In a day or two, the conjunctiva is covered with a thin membrane. The inflammation subsides after a few days, and the granulations and pannus will be found to have disappeared. If the cure is imperfect, the application may be repeated in the course of a month.

DR. ROOSA, of New York, considered jequirity a valuable remedy in the intractable cases described.

DR. T. R. POOLEY, of New York, considered jequirity a very dangerous drug. It is of little or no use except in cases in which it is justifiable to resort to extreme and hazardous measures.

The further discussion of Dr. Webster's paper was postponed to allow of the reading of reports from several committees.

THE COMMITTEE ON LEGISLATION

reported that they had found that a bill to incorporate the Hydro-therapeutic Institute of New York had been simply a measure to revitalize the United States Medical College. This measure was defeated.

A bill legalizing the graduates of the United States Medical College and the College of Physicians and Surgeons, of Buffalo, was not objected to, but certain amendments were proposed which were adopted. These were that the bill should apply only to those who graduated in good faith prior to April 25, 1885. A bill to organize the Niagara University was found objectionable in certain particulars, but these having been removed, the bill was allowed to pass.

The bill to establish a College of Midwifery was objectionable in every particular, and was finally defeated.

A curiosity in the way of medical legislation, which had come under the notice of the Committee, was a bill empowering the chiefs of Indian tribes to examine and license persons in their tribes to practise medicine. This bill was passed unrecognized by its opponents, and it had been impossible to convince the Governor of the necessity of vetoing it.

The Committee suggested an amendment to the laws of 1813, which limited the amount of real or personal estate which a county medical society may hold, the amendment to read: It shall be made lawful for any medical society to purchase and hold any real or personal estate for the use of said society, provided that such real or personal estate shall not exceed $50,000, and further provided that no member be assessed more than five dollars in any one year.

A motion was made to adopt the recommendation in regard to

THE AMENDMENT OF THE LAW OF 1813.

DR. JACOBI, of New York, thought that it was not wise to limit a large society to the same sum as a small society, and suggested that a certain amount, say one dollar per member, would be better.

DR. PIFFARD, of New York, considered that this would have an injurious effect on the bill, as partaking of discriminative legislation.

DR. STURGIS, of New York, moved to amend so as to allow the New York County Medical Society to hold property to the amount of $100,000. Adopted.

The resolution, as amended, was adopted.

The report of the Special Committee on the

BILL TO ESTABLISH A STATE BOARD OF MEDICAL EXAMINERS

was then presented.

The Committee recommended a bill, of which the following abstract was given: It provides for two boards of medical examiners, one for the northern and one for the southern part of the State. Each board is to consist of six persons. They shall hold office for one year only, and shall not be eligible to reëlection within three years. Four subjects were to be examined on, viz.: Medicine, Surgery, Midwifery, and Therapeutics; one examiner in each of the first three named branches, three examiners in therapeutics. Each candidate may choose which of the examiners in therapeutics he will appear before. Two members of the board must be members of the Medical Society of the State of New York, two must be connected with an incorporated medical college, but not connected with the State Society, and two must not be connected with either. The salary of each examiner shall be one-sixth of the surplus fees of the Board, provided this does not exceed $600, except in the case of the secretary and treasurer, who shall receive extra compensation. The remainder of the bill is intended to carry out these provisions.

DR. PIFFARD moved that the bill be made the special order for the meeting of Tuesday evening.

DR. FOSTER moved to amend, to have the bill printed, furnished to the members, and action be deferred to the next annual meeting. Lost.

Dr. Piffard's motion was then adopted.

It was resolved to have the bill printed at once and distributed.

The discussion of Dr. Webster's paper on

JEQUIRITY IN THE TREATMENT OF GRANULATED LIDS

was resumed.

DR. KNAPP, of New York, said that the jequirity treatment had in some cases produced excellent result. It was used at first in many cases, but soon disastrous results were reported, and its circle of indications have gradually become more and more limited, and was now so contracted that its employment should be confined to those desperate cases in which other remedies continued for months had failed. He had at first used it in weak solution, one or two per cent. In the majority of cases, it produced only a mild catarrh, with little influence on the abnormal condition. In five per cent. solution, it produced marked reaction. In some of the cases, there was marked improvement. In other cases, corneal ulcers were the consequence. This had occurred in three cases. In two, the sight was saved, but in the third the cornea sloughed and both eyes were destroyed, The operation of this remedy is to be compared to inoculation with blenorrhagic matter, but it is cleaner and less dangerous. Another remedy which he had used is the so-called peritomy. In a number of cases, this cleared up the pannus, but with it, also, there may be sloughing of the cornea.

Before closing, he referred to a method of treatment of trachoma which he had used largely. This is the old method with sulphate of copper stick. The stick should be perfectly smooth and care be taken to see that the application is thoroughly made to all parts of the affected membrane. The treatment, if persisted in, will give decided improvement in the course of three months,

DR. WEBSTER did not think that the fact that eyes had been lost after the use of jequirity was a good reason why it should never be used in the desperate cases in which he had recommended it. The same objection might be raised to many other procedures in ophthalmic surgery. Eyes are lost without any treatment, and he had seen them lost under the sulphate of copper treatment.

THE COMMITTEE ON EXPERIMENTAL MEDICINE

reported that no anti-vivisection bill had been presented at the last session of the legislature. They recommended the adoption of the following resolution:

Resolved, That the Medical Society of the State of New York hereby reiterates its conviction that the untrammelled right on the part of medical men to perform experiments on animals is essential to the progress of medicine. Adopted.

The *Committee on Hygiene* made a report which was received and placed on file.

The *Committee on Prize Essays* reported that no essay had been submitted. Received and filed.

DR. D. B. ST. JOHN ROOSA, of New York, then presented a paper on

THE REMOVAL OF A CATARACTOUS LENS IN ITS CAPSULE.

If it can safely be performed, he thought that removal of the lens in its capsule would be the best means of removing a senile lens. He suggested an operation which avoids the dangers of the other operations which are generally resorted to. He had performed it in 24 cases. He first inserts a speculum, and, holding the edge with fixation-forceps, then with a Graefe knife a large flap of the cornea is made, and when the section is half completed the back of the knife is turned so as to rest upon the iris, and motion and pressure are made with a view of rupturing the capsule; the lens is forced out by pressure. In some few cases it has been necessary to cut the capsule. Since October last, in every case in which he has attempted it, he has been able to complete the removal of the lens with its capsule. He thinks that cocaine has contributed to the success of the operation. This procedure, he believes, does away with the dangers of the ordinary operation. He does not perform an iridectomy.

DR. KNAPP had performed the old operation, in which iridectomy was not done, some two hundred times, and he thought it was fraught with considerable danger, either at once or in the course of healing. It is possible that the use of cocaine may conduce to the successful performance of the operation without iridectomy; but he thought the results would not be as good as when the iris was nicely excised.

DR. WEBSTER had seen many of the cases operated on by the method of Dr. Roosa, and he had at first been prejudiced against it, but he was gradually coming to view it more favorably.

DR. ROOSA stated that he had operated on only 24 cases, and that there had been two total failures, which, however, had nothing to do with the lens. The point in the operation is, that there is comparatively no danger of loss of vitreous. Another important point is the fact that no instrument is inserted into the eye after the section is made.

A paper on *The Use and Limitations of Hydrochlorate of Cocaine*, by C. R. Agnew, M.D., was read by title.

Adjourned.

AFTERNOON SESSION.

THE NOMINATING COMMITTEE

was announced as follows:

1st District, S. O. Vanderpoel, of New York.
2d District, E. F. Brush, of Mt. Vernon, West Chester.
3d District, Herman Bendell, of Albany.
4th District, E. Beach, of Gloversville, Fulton Co.
5th District, I. N. Goff, of Cazenovia, Madison Co.
6th District, I. C. Edson, of Windsor, Broom Co.
7th District, Francis M. Hamlin, of Auburn, Cayuga County.
8th District, F. J. Baker, of Lockport, Niagara Co.
From the Society at Large, appointed by the President, W. W. Potter, of Buffalo.

DR. MILTON JOSIAH ROBERTS, of New York, read a paper on

ANATOMICAL GEOMETRY AND TOPONYMY: AN INTRODUCTION TO THE SCIENTIFIC STUDY OF DEFORMITIES.

He stated that, next in importance to the notation of physical facts is the determination of their quantitative relationship to other facts—their mensuration. The measurement of anatomical angles was of direct practical importance to every physician and surgeon. For the purpose of accuracy and facility in our description and comparison of the attitude of individuals and the position of component parts, Dr. Roberts defined a number of toponymical terms useful in describing deformities.

For the purpose of studying the normal condition of the human body as to its form and symmetry and the

extent of mobility of its component parts, so as to determine and describe pathological deviations therefrom, a uniform position of the body was suggested. This was, when the individual stood erect, resting equal weight on both feet, with the soft parts over the femoral condyles and malleoli in contact or equidistant from each other, the feet slightly everted, and the head, trunk, and extremities forming practically an unbroken column.

Having pointed out the normal relationships of the planes of the body and limbs, the author declared that it was the business of the scientific physician to endeavor to estimate quantitatively such relationships as soon as they were recognizable. With such information at hand, the amount of pathological deviation therefrom could be determined.

Dr. Roberts suggested the use of the word *diastrophometry*. The angles to be measured in several important examples of pathological deviations of the planes of the body and limbs were then detailed, after which he described three mathematical instruments of his own invention for the measurement of the extent of angular deformities in the human subject.

In conclusion, the speaker declared that, with these three instruments, the orthopædic surgeon would find himself as thoroughly equipped for the accurate measurement of angular deformities of the body as the oculist is, with his ophthalmoscope and trial glasses, for the measurement of errors of refraction.

DR. T. R. POOLEY, of New York, offered some

OBSERVATIONS ON THE USE OF HYDROCHLORATE OF COCAINE.

He said: It is only by an extensive collection of clinical facts that we can reach just conclusions in regard to this drug. This paper embraces my personal views on its use. Of the chemistry, nature, and physiological properties, I shall have little or nothing to say, as they have been sufficiently dwelt upon. Nor do I attempt to give an account of the literature. I make no claim to priority, having used the drug October 17, 1884. I first used a two per cent. solution, procured in New York, but results were not satisfactory. I next used a four per cent. solution of Merck's, which is reliable. I have since used an eight per cent. solution, procured in New York; manufacture unknown.

My remarks will be confined to local anæsthesia in ophthalmic surgery and in affections of the pharynx. My experience is almost entirely limited to instillation in the conjunctival cul-de-sac and injections into the lachrymal sac and duct. I have not injected it into the orbit. There are serious objections to this method.

The use of an eight per cent. solution in the way recommended by Dr. Bradford, of Boston—*i. e.*, using one drop every minute until from three to four drops have been instilled, and performing the operation within from three to six minutes—has been satisfactory, and economizes time. When the lachrymal apparatus was the seat of operation, the solution was injected into the sac. I have used it in a variety of operations on the eye with successful results in the main. In operations on the conjunctiva involving the cutting of this membrane, the anæsthesia is complete. In operations involving subconjunctival connective tissue dissection, the anæsthesia is not complete, but this may be accomplished by instillation of the solution after cutting the conjunctiva in the vicinity of the wound, or by injection beneath the conjunctiva. I am, however, of the opinion that for all practical purposes instillation is sufficient. In operations on the lachrymal apparatus, I have not found instillation sufficient. In such cases it only reaches the puncta lachrymalia. Anæsthesia can only be obtained by injection. Instillation into the nostril enhances the anæsthetic effect. In operations involving the iris, the patients have, as a rule, confessed to pain, although in two instances this was absent. The pain may be removed by the application of a solution to the iris, but on account of protracting the operation, and the exposure of the wound to air and risk to septic infection, I should deem this unadvisable.

My experience with cocaine in cataract extraction has not been large, but sufficient to allow me to speak in the most glowing terms of its value. Among other advantages of cocaine in cataract extraction is one pointed out by Weber, and that is reduction of tension, which prevents the escape of aqueous humor. In the case of children, my preference is, as a rule, for a general anæsthetic. In only one case has any toxic effect been noticed. I have not met with trouble from hemorrhage. An objection which presents itself is the disadvantage which sometimes attends the widely dilated pupil. This can be overcome by the instillation of eserine before the use of cocaine. I have never seen any unfavorable influence on healing. In the therapeutical treatment of affections of the eye the results are not so satisfactory. My experience relates largely to facility of examination of the eye and in the treatment of defective vision. The use of cocaine to facilitate ophthalmoscopic examination has been satisfactory. Although it does not produce as thorough dilatation as atropia, it does not produce the paresis of accommodation with the subsequent annoyance of the patient. I am not particularly acquainted with its use in conjunctival affections before the application of astringents; such use would be difficult and expensive. In cases of corneal injury and ulcers it only produces a temporary alleviation of pain, and I think, owing to the expense, it will rarely be continued throughout the treatment of the disease. The facility with which dilatation of the pupil and alleviation of pain are produced with atropine in conjunction with cocaine, renders this drug of the greatest value in acute iritis. It has occurred to me that it might relieve the pain of acute glioma, although mydriatics are supposed to increase the trouble.

Dr. Moore has suggested its use in some forms of headache, and I have employed it with good results. Also in supraorbital neuralgia, where there was no error of refraction and no muscular weakness. I cannot refrain from referring to two points mentioned by Weber. One is that there is a sensation of coldness. This is real, as shown by the thermometer. The other is that the power of the rectus muscles is augmented some fifteen or twenty degrees.

I think, in conclusion, that, with rare exceptions, general anæsthesia will disappear from ophthalmoscopic surgery; and, secondly, no operation on the eye will be undertaken without the use of cocaine.

DR. KNAPP pointed out one physiological effect of cocaine—that it is a stimulant of the sympathetic ner-

vous system, and it is quite possible that the other effects may be attributed to this action. Its effects are seen principally in three directions, viz., anæsthetic, anodyne, and hæmostatic. There is dilatation of the pupil as well as of the palpebral fissure. The anæsthetic effect is probably due to the paralyzing effect on sensory nerves. It does not affect the motor nerves. It is useful for producing an anæsthetic action on all mucous membranes. Particular reference was made to its use in the tympanic cavity, as constringing the bloodvessels and thus enlarging the cavity. It is also of decided benefit in affections of the nasal cavity As to its action on the eye, he said that a few drops of a four per cent. solution injected behind the globe will produce sufficient anæsthesia to permit removal of the eye without pain, with the exception of that produced by division of the eye muscles. In operations for cataract cocaine has obtained its greatest triumph. In iridectomy there is sometimes no pain. There have been some failures which, however, cannot be attributed to the use of the drug.

DR. WEBSTER had seen one case of acute glaucoma in which cocaine had been used with the object of relieving pain, but without avail. Iridectomy was subsequently performed, and the case is doing well. In regard to its effects in eyes in which the conjunctiva is much inflamed, the anæsthetic effects are slight, and it takes longer to obtain them. He had done a number of iridectomies with cocaine, but had about made up his mind to abandon its use on account of the danger of wounding the anterior portion of the capsule when the iris is caught with the forceps. The patient feels pain for the first time, and makes a sudden jerk which may prove harmful.

DR. SHERWELL, of Brooklyn, had employed cocaine in the removal of a papilloma of the larynx, but its effect was very unsatisfactory. He had also employed it in painful fissure of the anus, and in the removal of small tumors, but he had never been able to obtain complete anæsthesia.

DR. F. K. PADDOCK, delegate from the Massachusetts Medical Society, had used the remedy for the removal of foreign bodies from the eye, and in various affections of this organ, with success. He had also used it to prevent the pain from the application of the cautery to chancres.

DR. POOLEY said that, in regard to enucleation of the eye, he was convinced that the practice of using cocaine would soon be abandoned. There is danger of rapid absorption of the remedy, and the profound impression of a capital operation of this kind without an anæsthetic will not be tolerated by the patient. In regard to the failure reported in the removal of a tumor of the larynx, a prominent laryngologist had told him that cocaine is practically useless in such cases, and interferes with the spasm of the larynx which facilitates the introduction of forceps into the tube.

DR. S. S. WALLIAN, of Bloomingdale, presented a paper on

THE PEROXIDE OF HYDROGEN.

After speaking of the chemistry of this substance, he referred to some of its actions. A solution containing twelve or fifteen volumes is sufficiently strong. It is said to have active germicide and antiseptic effects, and to be 40 per cent. stronger than mercuric chloride. It is also a disinfectant of great power, destroying the offensive matter. Only two substances excel it, and these are mercuric biniodide and iodide of silver. It is perfectly harmless and not unpleasant to use. In its application to medicine, its effect is due to the fact that it yields up one volume of oxygen. It will purify the foul air of a room better than anything else, oxygen excepted. When applied to a sloughing ulcer, the pus is destroyed and the sore rendered aseptic. It is of service in mercurial stomatitis and in aphthous ulcers. When applied to a sloughing surface, or a surface containing pus, it sets up an effervescence which continues until the pus is destroyed. On account of this property, it has been used in testing for pus in the urine. Its value is somewhat diminished for this purpose by the fact that in the presence of blood the same effervescence results. It has been used in diphtheria, with asserted good results, in dissolving the membrane and bringing the case to a satisfactory termination.

DR. ELY, of Rochester, presented a report of a case of

CANCER OF THE LIVER, CHARACTERIZED BY A SERIES OF LOW TEMPERATURES,

occurring in a lady, aged sixty-two, who had an attack of peritonitis in 1882, and afterwards suffered from pains of a vague character, with constipation. There was a family history of cancer, which, in connection with the general signs, led to the suspicion of cancer of the liver, but no physical signs sustaining this opinion were obtained. The general symptoms continued, and the patient died on the three hundred and eighth day of her illness. The autopsy showed that the intestines were united to the bladder and abdominal walls. The substance of the liver showed marked cancerous disease which, however, produced no change in the outline of the organ. The interesting point was the low temperatures which were obtained. In all, 649 thermometric observations were taken. In 460 of these, the temperature was below normal; in 42, it was normal; and in 147, it was above normal. A large number of the temperatures were below 91.5°. The pulse never rose above 94, nor sunk below 55.

It has been generally regarded that a temperature below 91.5° is fatal. In this case, there was no evidence of collapse, and there was no chilling, although the patient felt cold. The reduction of the temperature was frequently associated with the attacks of pain, and the depressing effect of hot weather. This case goes to show that the significance of unusual symptoms is less in their individuality than in their associations, and it would seem to show the necessity of more care in the study of temperature in chronic disease.

In reply to a question, Dr. Ely stated that every ounce of urine passed was measured, and that every particle of food given was weighed. At times there was some albumen in the urine, but there was no reason to suspect renal disease, and at the autopsy none was found. The diet consisted principally of broth, milk, and eggs. The temperatures were taken in the mouth on every occasion. A trained nurse was employed, and the observations were made with a thermometer, bearing the certificate of Harvard Observatory.

DR. STODDARD had been interested in this study by the results of Dr. Ely's investigations, and he had found

more or less frequent falls of temperature in phthisis and in other chronic conditions. He thought the study of abnormal temperatures was frequently as important as the study of high temperatures in more acute disorders.

DR. T. H. SQUIRE, of Elmira, then described a

CASE OF TUBAL PREGNANCY,

in which rupture occurred while the patient was at stool. A collection of blood in the lower portion of the abdominal cavity soon formed, and was removed with the aspirator. For some time the patient suffered from septic poisoning, and at last an exploratory incision was decided upon. So many adhesions were met with that the operation was abandoned and the wound closed. The patient at first improved after the operation, but finally sank and died nine months after the rupture had taken place. The autopsy revealed the fact that only one inch of the uterine portion of the left Fallopian tube was present; the rest, together with the right, was destroyed, or so diseased as to be scarcely recognizable. Behind the right broad ligament was an abscess containing twelve ounces of pus. As of interest in connection with the preceding paper, the speaker stated that in this case 1200 observations had been made with the thermometer, and in many instances the temperature was subnormal.

DR. L. EMMET HOLT, of New York, then read a paper entitled

DOES QUININE ABORT PNEUMONIA?

After speaking of the growing tendency to deny abortive effects to any remedy in pneumonia, he related cases of intermittent fever in children, in which, from the rapid breathing and the auscultatory signs, he was led to suspect the development of pneumonia; but this was shown not to be the case by the fact that on the following day the child would be running around with scarcely any evidence of pulmonary trouble. In some cases there was dulness on percussion. The breathing was high-pitched and broncho-vesicular in character. These signs were usually found at the apices of the lungs, but in some instances they were confined to the lower lobe. These cases were promptly relieved by anti-malarial treatment. With small doses of quinine they would also improve, and even without any treatment it was doubtful whether they would develop into pneumonia. In the abortive treatment it is considered essential to give large doses of quinine, and early in the attack. In some of these cases the treatment was deferred for one or two days.

As regards diagnosis, the temperature is usually higher in these cases than it is in the first or second days of pneumonia. Another point is the marked want of relation between the rapid breathing and other symptoms and the general expression of the patient. A third point is the presence of splenic enlargement, which usually can be made out without trouble.

DR. A. L. LOOMIS said that every one who has carefully studied the physical signs of pulmonary hyperæmia must be convinced that there are two conditions of hyperæmia differing markedly from each other. First, there is passive hyperæmia; and, secondly, active hyperæmia. The physical signs are markedly different from each other. In passive hyperæmia there is marked change in respiratory murmur, which may lead, especially in children, to the belief that there is partial consolidation of the lung. In active hyperæmia the physical signs will indicate serous effusion into the bronchial tubes. He did not believe that the passive hyperæmia which is the result of malarial infection ever goes on to the production of pneumonia, unless there is something more than the malaria. Such a condition will disappear with the relief of the malarial trouble, and it is probable that the observation of such cases has led to the supposed abortive effect of quinine.

He believed that lobar pneumonia is an infectious disease, and that when it once strikes its blow it will run a certain course which it is impossible to stop. When pneumonia has once shown its presence by a chill, elevation of temperature, and that peculiar change in respiration which assumes a high-pitched, dry character, and is so significant of the development of pneumonia, he believed that it is impossible to abort it. He also believed that it is impossible to have dulness on percussion within twenty-four hours of the beginning of the attack.

There is one more point which seems important, and that is the growing tendency to the belief that the pneumonia of to-day is different from that of ten or fifteen years ago. It seemed to him that the character of all disease had changed within that time. At that time, pneumonia occurring in a healthy individual was not considered of a serious nature.

DR. WALLIAN differed from Dr. Loomis in believing that pneumonia might be produced by malarial poisoning, and he thought that it was possible to have dulness on percussion in less than twenty-four hours after the development, and he cited a case of a man apparently well at five o'clock in the evening, who was seized with a chill at midnight, and by noon of the following day had well-marked dulness over one lobe of the lung.

DR. LOOMIS, in explanation of his statement, said that dulness might supervene in less than twenty-four hours after the chill, but the pneumonia might be in progress before the appearance of the chill. He related a case going to show this in which a patient complaining of not feeling well was tested with the thermometer and found to have a temperature of 101.5°. The temperature was taken every four hours for thirty-six hours. There was not the slightest evidence of pulmonary trouble. There had been no sense of chilliness, but at the end of this time, when the temperature had reached 102.5°, there was a chill followed in a few hours by consolidation.

EVENING SESSION.

At 8 P.M., the Society met for the consideration of the bill for the

ESTABLISHMENT OF A STATE BOARD OF MEDICAL EXAMINERS,

which had been presented by the Committee on Legislation. The bill was taken up by sections. A long debate followed over the question of whether there should be two medical boards or only one, and it was argued that if there was more than one, the standard of examination would vary.

DR. LOOMIS, of New York, and others favored two boards, believing that two are necessary because of the

size of the State, and the number of medical students in it.

An amendment offered by Dr. Roosa, providing for one board of nine members, was adopted by a vote of 60 to 24.

Section 2 was next considered, but after the introduction of several amendments and substitutes, and a great deal of discussion, the whole matter was withdrawn to permit Dr. Jacobi to present a bill which was then before the Assembly.

DR. JACOBI, in order to bring the matter before the Society, moved the adoption of this bill.

DR. VANDERPOEL then moved that the bill be printed, and made the special order for to-morrow, at three o'clock.

A motion to lay on the table was put, and lost. The motion to postpone was then adopted. Adjourned.

WEDNESDAY, FEBRUARY 4TH—SECOND DAY.

MORNING SESSION.

The Society was called to order at 10 A.M.

THE TREASURER'S REPORT

was presented by DR. CHARLES H. PORTER, and exhibited a balance of $380.

THE COMMITTEE ON THE PRESIDENT'S ADDRESS

presented a report, recommending that a committee of three be appointed on the last day of the session of each year by the President-elect, and it shall be the duty of this committee, with the coöperation of the President, to secure scientific papers, print programmes, and make such arrangements as will best promote the objects of the meeting. And at the next ensuing meeting of the Society this committee is to be appointed the Business Committee.

On motion, it was determined to limit the discussion on the bill to establish a State Board of Medical Examiners to one hour and a half.

DR. ALFRED C. POST, of New York, then read a paper on

SENILE HYPERTROPHY OF THE PROSTATE.

He said that the most important results of hypertrophy are obstruction to the flow of urine and sometimes incontinence. In the early stages of the disease the symptoms are often absent. The first symptom is usually slowness in the passage of urine, and the patient is obliged to rise at night to void his bladder. There is often some sympathetic irritation of the rectum. The neck of the bladder occasionally becomes stretched, and real incontinence follows. This is more rare, however, than constant dribbling. Vesical calculi are frequently the result of hypertrophy, and the symptoms produced by them may be marked. In cases in which the catheter has to be introduced eight or nine inches, and the urine does not flow until the handle is much depressed, there is good reason to suspect hypertrophy. The indications for treatment are, to obviate results of obstruction, improve the constitutional condition, and diminish enlargement of the prostate, or retard its growth. The catheter should be used once or oftener during the day, and the bladder should be washed out. It is of the greatest importance to use a large catheter, even one of 30 mm. if necessary. If stenosis of the orifice or stricture exist, it should be removed. In using the flexible catheter, the distal extremity may be stiffened with advantage by painting with collodion. Complications, as they arise, are to be treated. The application of the actual cautery was recommended in vesical catarrh, and also the injection of from ɱiv to viij of nitric acid in four ounces of water, to prevent the formation of calculi. As regards operative interference in aggravated cases, excision of a portion of the prostate was considered justifiable. In cases in which relief cannot be afforded by the catheter, aspiration, or puncture of the bladder by a trocar through the rectum, may be resorted to.

DR. T. H. SQUIRE, of Elmira, said that no special skill is requisite to evacuate the bladder in cases of retention from a large prostate, and that but little preparation is required. He suggested the use of a gum catheter of large calibre and of large curve. The soft catheter he considered of great value, and he advised that the aspirator should always be at hand.

DR. A. VANDERVEER, of Albany, thought that the catheter should be used as soon as the symptoms appeared. Rubber catheters are most comfortable for the patient, but silk-web catheters are better for wear. In washing out the bladder, he is in the habit of using the fountain syringe, and he finds the Bethesda water useful in cases of phosphatic deposit. The fluid extract of the stigmata of maize or corn silk, he has also found useful. In cases of enlargement of the middle lobe, resulting in obstruction, the operation advised by Sir Henry Thompson should be practised.

DR. H. KNAPP, of New York, stated that cocaine has been successfully employed in urethral surgery. It reduces congestion, produces anæsthesia, and relieves spasm, thus rendering catheterization easy.

DR. LUCIEN HOWE, of Buffalo, made a *Demonstration of the Use of the Electric Light in Medical Practice.*

DR. F. M. HAMLIN, of Auburn, then read a paper on

THE OPIUM HABIT,

which contained some startling statistics touching the increase of the habit in this country, as shown by the largely increased consumption of the drug. In 1840, he said, the total quantity of opium consumed in the United States was about 20,000 pounds. In 1880 it had increased to 533,450 pounds. In 1868 it is estimated that there were from 80,000 to 100,000 victims of the opium habit in this country; now they number over 500,000. The growth of the habit has been rapid within the last few years, owing, as he thinks, to the invention of the hypodermic syringe, which has become a favorite method of administering the drug. More females than males are addicted to the use of the drug —the ratio being about three to one—women being subject to a larger number of painful ailments than men. From the time of the publication of De Quincey's *Confessions of an English Opium Eater*, in 1821, until within a few years, physicians have overlooked or ignored the serious consequences of the opium habit, and the people generally have come to look upon it as a comparatively harmless vice. It is now commanding more attention. Dr. Hamlin described the effects, immediate and remote, of the opium habit, speaking, as he said, in some degree, from personal experience, having been induced to enter upon the habit to allay the miseries of sick headache. If opium

be used inordinately during pregnancy it is apt to induce abortion, or if this do not follow, then the child is likely to be defective. He concluded his paper by presenting his method of treatment for the cure of the habit, which he describes as a sudden reduction in the quantity of opium indulged in; not an immediate and total cessation of its use, which would be injurious, but a reduction in quantity covering a week or two weeks, and accompanied with stimulants of a different kind, such as hyoscyamus, belladonna, etc., until a cure is effected.

Under this method of treatment, he thought that every case not connected with a chronic painful affection could be cured. The after-treatment is similar to that pursued in cases of typhoid fever.

DR. WILLIAM HAILES, JR., of Albany, then made some remarks on

THE CULTURE OF BACTERIA,

and exhibited the apparatus used. The tubes shown were similar to those of Koch. His culture-medium consisted of a hundred parts of water to five of gelatine, with two grains of phosphate of sodium. The solution was then clarified with albumen, and filtered.

The matter to be studied is introduced into the culture-medium, the tube sealed, and the subsequent changes studied. Good water does not break down gelatine in less than twelve days; impure water, in three to four days. Demonstration of the technique was made, and the results were shown.

DR. S. M. PHELPS, of Chateaugay, explained a new method of

THE TREATMENT OF HARELIP.

After referring to the defects of other operations, he described and illustrated with diagrams an original method whereby the artistic shape of the lip was secured. This method is applicable to all cases in which at least one-fourth of the lip is preserved.

AFTERNOON SESSION.

THE BILL FOR THE ESTABLISHMENT OF A STATE BOARD OF MEDICAL EXAMINERS.

DR. JACOBI, of New York, said that he had been informed that the Special Committee on Legislation, after a full debate, had agreed upon a report upon the bill to be presented to the Legislature touching a Board of Medical Examiners, and in view of that fact he asked to withdraw the motion made by him yesterday with regard to the representation of medical colleges in the Board.

A resolution from the Committee was reported providing that the draft of the bill reported by the special committee shall be referred to the Standing Committee on Legislation, with the following instructions: That the bill shall be presented to the Legislature after it has been amended so as to provide for one board of medical examiners, to consist of nine members, six of whom are to come from the Medical Society of the State of New York, of which six three shall be selected from those not connected with incorporated medical colleges, and three from those who are members of faculties of incorporated medical colleges; the other three to come from the other two incorporated State medical societies in proportion to their just representation; the board to be appointed by the Regents of the University annually, without disqualification for reappointment; the following subjects to be included in the examination: anatomy, physiology, hygiene, chemistry, pathology, and the practice of medicine, surgery, midwifery, therapeutics; the pay of the examiners to be $800. Section 6 of the Heath bill, relative to anonymous examinations, is adopted; the rest of the bill to be modified to meet the above requirements; the whole to be carefully revised under competent legal advice.

The resolution was unanimously adopted.

DR. C. H. PORTER, of Albany, offered a resolution which was adopted, directing the Committee on Legislation to request the Legislature to enact a law that will enable the State Medical Society to

REGULATE AND CONTROL ITS OWN MEMBERSHIP.

DR. WM. F. MITTENDORF, of New York, then made some

REMARKS ON THE TREATMENT OF GRANULAR LIDS.

The frequency of this affection, he said, is due to three causes: 1, the insidiousness of the disease; 2, the inefficiency of the remedies employed, and, 3, the indifference of the patients. In examining asylums or public institutions, hundreds of cases are discovered, the existence of which had not been suspected; parents or other relatives of patients, suffering from granular lids, will often not know that they have sore eyes, when, upon eversion of the lids, granulations are discovered that must have existed for months. It is on this account that our present plan of treatment is so slow, the changes of the conjunctiva being such, at the first visit of the patient, that it is often impossible to effect a perfect cure.

The remedies employed for this disease may be divided into two classes—the metallic and the organic. According to their power as germicides, the former ranks as follows: nitrate of silver, mercury, sulphate of copper, sulphate of zinc, acetate of lead, and alum. Of the second class, the principal ones are balsam of copaiba, muriate of hydrastin, tannin, and jequirity.

True granular lids consist in accumulations of lymph cells and granules in the deeper portions of the conjunctiva, and are probably the result of the invasion of a special micrococcus; after the disease has passed through different stages, it results in cicatrization of the conjunctiva. In the first stages, the metallic astringents are indicated; in the later, the organic ones—especially the balsam of copaiba diluted with nine parts of vaseline is here of excellent service. If there is much swelling of the conjunctiva, the hydrochlorate of hydrastin will answer better than anything else, but its application is very painful, and should be preceded by the use of the muriate of cocaine. In fact, all painful applications to the eye should be mitigated by using a little cocaine a few minutes before the astringents are employed. Tannin is of great service in milder cases.

There are two affections that are frequently classed among granular lids; these are the follicular and the chronic blenorrhagic conjunctivitis. The former depends more or less on a scrofulous diathesis, and should be treated by hygienic measures principally; but a two to four grain solution of bichloride of mercury applied once a day to the exposed conjunctiva is of great service. The latter depends more upon peculiar excrescences of

the conjunctival epithelium, and it is principally benefited by the use of a ten grain solution of nitrate of silver, and later by the use of the balsam of copaiba. If all these remedies fail, and if there is pannus, the use of jequirity is indicated. It should never be used by the general practitioner, for unless its action is carefully watched, it may destroy the eye. Its use *should not be for granular lids, but for pannus.* A very convenient way to use it is to have a trituration of jequirity and gum acacia, which will keep for years, and of which as much as the point of a penknife will hold is to be mixed with a teaspoonful of water; after allowing it to stand in a watch-glass for about an hour, it is ready for use, and may be applied to the everted lids by means of a small brush.

The indifference of the patient, and the consequent carelessness in the use of towels and basins that are used by others, are causes of the transmission of the disease to others, and hundreds of inmates of our large public homes may be affected by a new arrival in a very short time.

DR. O. D. POMEROY, of New York, then presented a paper on *Tests for Unilateral Deafness*, which was read by title.

DR. MERCER, of Syracuse, reported

TWO CASES OF LIGATURE OF THE FEMORAL ARTERY.

The first case was that of a man cut with a butcher's knife. He failed to find the bleeding vessel in the wound. An Esmarch's bandage was applied, the femoral artery tied, and a satisfactory recovery ensued.

The second case occurred in a patient who met with a severe fall, a few days subsequent to which he observed a swelling below the knee, accompanied with pulsation, and swelling of the calf supervened. When admitted into the hospital there was pain in the calf, and a thrill was observed over the swelling, and a characteristic bruit was heard. Pressure over the femoral caused these signs to disappear. Traumatic aneurism was diagnosticated, and the femoral artery was tied in Scarpa's triangle. Swelling has decreased since the operation, and the case is still under observation.

DR. POST, of New York, alluded to a case in which hemorrhage occurred on the second day after an operation on the thigh. The femoral was tied. A few days later hemorrhage recurred. The femoral was found to be firmly occluded, and it was decided that the hemorrhage came from the distal extremity of the artery. Pressure and elevation prevented its recurrence.

DR. F. N. OTIS, of New York, exhibited an

APPARATUS FOR THE REMOVAL OF DÉBRIS FROM THE BLADDER

in cases of rapid lithotrity, which was intended to overcome the dangers of clogging and the complication incident to other instruments. A practical point in the use of the instrument is, that if the receiver be filled with glycerine the discoloration of the urine by blood does not interfere with the observation of the falling débris.

DR. OTIS also presented some points in

THE TREATMENT OF URETHRAL STRICTURE BY COMPLETE DIVISION.

Stricture, he considered to be due in all cases to bands of cicatricial tissue. In several thousand cases he had failed to find a calibre of less than thirty-two millimetres. Once in seventy cases, the urethra had a calibre of forty millimetres. It is commonly believed that the orifice is the smallest portion of the urethra. In forty cases out of fifty, the orifice has been of the same calibre as the canal. He had never seen prostatic enlargement in old men in whom the orifice was not contracted. When it was of the same size the glans was atrophied. He had seen many cases, especially in children, of serious reflex disturbances, which were removed by division of a contracted orifice. Contraction of the orifice is often a cause of spasmodic stricture of the membranous urethra simulating true stricture. In 90 per cent. of cases of true stricture, the stricture is in the anterior portion of the urethra. These anterior strictures should be removed before treating the apparent posterior strictures. The results of the cutting operation he considered permanent—if it be done thoroughly. If the larger instrument cannot be inserted, a smaller one should be used to prepare the way. In regard to the relation of the size of the urethra to that of the penis, his previous views have been confirmed by further experience. In a penis of three inches circumference the urethra has a calibre of thirty millimetres; of four inches, of forty millimetres.

DRS. POST and VANDERVEER endorsed the views advanced by Dr. Otis.

DR. J. E. WINTERS then read a paper on

MATERNAL WET-NURSING AND ITS RELATION TO INFANT MORTALITY,

containing numerous statistics, both European and American, showing the great difference in the mortality of children who are nursed by their mothers and those who are hand-fed or wet-nursed. The average mortality among the latter was claimed to be four or five times as great as among the former. He also claimed that many physical and mental ailments were attributable to the latter.

DR. A. N. BELL, of Brooklyn, endorsed the arguments stated, and cited statistics in their corroboration.

DR. ELY, of Rochester, dissented from the views. He recognized the importance of maternal nursing, but he thought he had seen life prolonged and saved in certain cases by substituting wet-nursing. The statements in regard to the moral qualities of hired nurses being imparted to children nursed by them, he thought could not be proven, and that when the nurse was healthy, wet-nursing did not increase the mortality.

DR. TOWNSEND said that he had experimented on the artificial digestion of cow's milk, but that his results were unsatisfactory. In his opinion, the nurse's milk came next to the mother's.

DR. JACOBI said that a human child thrived better on human milk than on any substitute for it. His experience led him to believe that syphilis among wet-nurses is not so common as might be inferred from Dr. Winter's paper.

DR. MITTENDORF said that the facts are against the statements made in the paper. He is connected with several institutions in which the mothers or wet-nurses suckled the infants and the mortality had decreased since this plan was adopted.

DR. WINTERS, in reply, said that he dealt almost exclusively with facts; that he had had a large experience in

children's asylums; and that some of the speakers, in forming their conclusions, had left out of consideration the nurse's child. He still maintained that artificial feeding was better than wet-nursing.

DR. W. C. JARVIS, of New York, exhibited *A New and Powerful Battery*, which did not need replenishing for many months. The elements are carbon and zinc, but the composition of the fluid is not given.

DR. I. N. GOFF, of Cazenovia, said that there was a cell manufactured in Cazenovia with chloride of sodium and bichloride of mercury in solution, and it never exhausts itself.

DR. VANDERVEER, of Albany, then made some observations on

ABDOMINAL SURGERY

as practised by Mr. Lawson Tait. He described Mr. Tait's method as observed by himself, and cited illustrative cases. He then reported five cases of abdominal section which he had recently performed, four of which were successful.

DR. PHELPS, referring to the fact that Mr. Tait did not use antiseptics, expressed the opinion that their use was very important.

DR. POST believed that experience was in favor of their use.

DR. VANDERVEER said that he would not think of performing certain operations without using antiseptic precautions.

EVENING SESSION.

DR. B. F. SHERMAN delivered *The President's Address* before a large audience in the Assembly Chamber, taking for his subject,

MEDICAL EVIDENCE.

After some general remarks on the subject of medical witnesses, he referred to medical experts. The definition as follows was accepted from Elwell:

"Extra knowledge in questions of science, skill, trade, business, or other matters requiring special knowledge, qualifies the person thus informed to give opinions in courts of justice." The expert comes to the results, constituting his opinion, which is to be received in evidence, from his own private study, observation, and reflection. This kind of evidence is not of the clear and positive nature or of the value of that of facts, for the same guards cannot be thrown about the opinion of experts as are brought to bear upon the jury. This kind of evidence is, however, of great importance, although to be received with caution.

He then gave a résumé of the history of medical evidence. The importance of this subject to questions relating to life, property, and, what are dearer than either, character and reputation, requires that the physician be prepared to fill the position of medical witness with credit to himself, for, while ignorance and deception may triumph in the sick-room, in open court they can find no protection. The duties and responsibilities of medical witnesses were next taken up. While the study of works on medical jurisprudence is important, the physician needs sometimes more to prepare himself for the duty of formulating and giving opinions that may be received as facts by the court and jury.

The following rules have been given by Dr. C. B. Coventry, of Utica, to be followed by the medical witness, for his own protection, and to give force to his testimony:

1. He should listen attentively to the testimony as to all the facts in the case, and avail himself of every authentic means of forming a correct opinion.

2. He should studiously guard against being biassed.

3. The medical witness is not to take into consideration the influence which his testimony may have on the prisoner or the case under consideration.

4. The expert is called to testify as to the bearing of the testimony given, and must receive as true all evidence which is unimpeached.

5. The medical witness should not assume the province of the jury, as, for instance, saying that a particular wound was the cause of death, but only state what would be the ordinary effect of such wound.

6. The medical witness should have his mind fully prepared before taking the stand. He should keep as cool as possible, and avoid the introduction of any expression, or opinion, not immediately connected with the cause before the court.

The witness should avoid being drawn into discussion while upon the stand, and he should fully comprehend the question before answering. In questions to which a categorical answer is demanded, the witness should ask the court for permission to explain before answering.

Before answering hypothetical questions, the witness should weigh every word, and then confine his answer to the supposed case. If the question involve an impossibility, the witness should decline to answer it.

The speaker closed his paper with a few remarks on apparently simple questions sometimes put by counsel in order to embarrass the witness, such as: What is insanity? What is a wound? When is a wound dangerous to life? Answers to such questions should always be guarded.

A vote of thanks was tendered to Dr. Sherman, and the Society then adjourned to the Delavan House, where the *Annual Dinner* was served.

THURSDAY, FEBRUARY 5TH—THIRD DAY.

MORNING SESSION.

MISCELLANEOUS BUSINESS.

A communication on preliminary education from the New Jersey State Medical Society was referred to a special committee.

On motion, it was resolved to publish the transactions and list of members separately. A resolution requesting the County Societies to hold their annual elections in the first three months of the year, was adopted.

The Richmond County Medical Society presented a communication protesting against the too hasty adoption of the new Code by the State Medical Society.

DR. S. O. VANDERPOEL, of New York, then read a paper entitled

DOES QUARANTINE PROTECT?

The probability of the occurrence of cholera renders this question pertinent. The dissemination of the disease is attributed to the Mecca pilgrims. Its natural home is Calcutta. The measures enforced to prevent its spread are inspection during the period of migration, at an island in the Red Sea, and at the seaport of Mecca.

Owing to sanitary inspection during the past eight years the spread of cholera by the Mecca pilgrims has been prevented. The recent epidemic in Egypt was attributed to the fact that Great Britain had evaded the quarantine regulations. If quarantine be effectively carried out, cholera could not occur. But if cholera once acquire a foothold—quarantine is useless. Then local hygienic measures are to be used. Cholera can only come to this country from Europe.

If a thorough medical inspection of individuals and of clothing coming from distant ports, if suspicious cases be isolated and their excretions disinfected, it is almost impossible for the disease to extend to this country.

If a vessel comes to our shores with cholera on board, it should not be allowed to reach the mainland. Passengers should be disembarked and kept under close observation for ten days, and ten days after the last case has appeared, they may be allowed to proceed. There are only five ports in this country at which steerage passengers are landed, viz.: New Orleans, Baltimore, Philadelphia, New York and Boston. A rigid system of inspection should be begun at once, and it will be our own fault if cholera reaches our shores.

DR. H. I. BOWDITCH, of Boston, fully endorsed the views expressed by Dr. Vanderpoel.

The following resolution was then adopted and ordered to be transmitted to the President of the United States:

Resolved, That it is the sense of the New York State Medical Society that the United States Government should, in view of the probable importation of cholera poison during the present year, promptly take steps to enforce proper sanitary measures at foreign ports where the disease exists.

DR. LEWI exhibited an

APPARATUS FOR IRRIGATING THE ABDOMINAL CAVITY

and all deep-seated wounds. The apparatus is on the principle of the fountain syringe, and warm water does the work of sponges.

The President-elect announced the appointment of the following members as

THE COMMITTEE ON PROGRAMME:

Drs. W. W. Potter, Lewis, and Phelps.

On the report of the Nominating Committee, the following

OFFICERS FOR THE ENSUING YEAR

were then elected:

President.—Albert Vanderveer, M.D., of Albany.

Vice-President.—Alfred C. Post, M.D., of New York.

Secretary.—Wm. Manlius Smith, M.D., of Syracuse.

Treasurer.—Charles H. Porter, M.D., of Albany.

Censors. Southern District—Drs. F. A. Castle, G. H. Fox, David Webster, all of New York.

Eastern District—Drs. Lewi, N. L. Snow, of Albany, and Leroy McLean, of Troy.

Middle District—Drs. Alonzo Churchill, of Utica, J. A. Griffin, of Constantia, and Robert Frazier, of Camden.

Western District—Drs. Theodore Dimon, of Auburn, M. S. Kittenger, of Lockport, and —— Little.

For College of Medicine, Syracuse University, I. N. Goff, of Cazenovia.

Committee on Medical Ethics.—Drs. A. Jacobi, of New York, Arthur Mathewson, of Brooklyn, and J. W. Whitbeck, of Rochester.

Honorary Members.—Drs. J. A. Cabell, of University of Virginia, J. T. Whittaker, of Cincinnati, T. G. Wormley, of Philadelphia, and T. S. Clouston, of Edinburgh.

Adjourned.

CORRESPONDENCE.

NEPHRECTOMY AND NEPHROTOMY.

To the Editor of THE MEDICAL NEWS.

SIR: In answer to a request to furnish me with a brief account of his nephrectomies and nephrotomies, Mr. J. Knowsley Thornton has kindly written me the following reply. His success is so remarkable, all of the nephrectomies being by the ventral incision, that I have taken the liberty to send you his letter for publication. It will be observed that the vesical end of the ureter was fixed outside of the abdomen in seven cases. In some recent discussions at the London Medical Societies theoretical objections were urged against this procedure; but its uniform success is a complete vindication of its merits in preventing the access of the septic material contained in the ureter into the deep wound. I am, very truly, yours,

S. W. GROSS.

PHILADELPHIA, January 31, 1885.

22 PORTMAN ST., LONDON, W.,
January 5, 1885.

DEAR DR. GROSS: I have had eleven nephrectomies, all by abdominal section, and all have recovered and are well. In case 2, I had already performed a lumbar nephrotomy, and failed to improve the condition of the patient by drainage. I utilized the opening for drainage after removing the kidney. Case 6 has not derived much benefit, and has, I think, disease of the other kidney and bladder.

NEPHRECTOMIES.

1. Æt. 7. Congenital hydronephrosis. Ureter a fibrous cord. Weight of fluid and kidney about 7 pounds.

2. Æt. 26. Scrofulous kidney, weighing 18½ ounces. Langenbuch's incision. Ureter brought up and pinned outside.

3. Æt. 58. Calculous pyelitis. Sac weighed 5 pounds, and contained 20 pints of pus. Langenbuch's incision, and ureter pinned outside.

4. Æt. 53. Sarcoma of the capsule, weighing 11 pounds. Ureter dropped, and sloughed and came away through drainage opening in 40 days.

5. Æt. 42. Wound of ureter during previous ovariotomy.

6. Æt. 26. Scrofulous pyonephrosis. Langenbuch's incision, and ureter pinned out.

7. Æt. 28. Left kidney removed immediately on finding that I had cut a piece out of the ureter in attempting to remove a retroperitoneal cystic tumor. Langenbuch's incision, and ureter pinned out.

8. Æt. 49. Calculous pyonephrosis. Large uterine fibromyoma removed at the same operation.

9. Æt. 32. Calculous hydronephrosis. Langenbuch's incision, and ureter pinned out.

10. Æt. 48. Scrofulous or tubercular kidney. Langenbuch's incision, and ureter dropped.

11. Æt. 35. Hydronephrosis. Langenbuch's incision, and ureter pinned out.

NEPHROTOMIES.

1. Æt. 23. Pyelitis. Lumbar incision and drainage. Kidney has returned to normal size, and all pain has gone, and patient in perfect health.

2. Tubercular kidney. Lumbar incision. Pain relieved, but fistula never healed. Patient eventually died of suppression of urine, with disease of other kidney.

3. Æt. 25. Scrofulous kidney. Lumbar incision and drainage. Subsequent successful nephrectomy.

4. Æt. 30. Cysts of both kidneys. Lumbar incision and drainage. Recovery.

NEPHROLITHOTOMIES.

1. Æt. 23. Combined abdominal and lumbar incision. Rapid recovery.

2. Æt. 43. Lumbar incision. Slow recovery, but perfect.

3. Æt. 40. Lumbar incision. Slow recovery, but perfect.

With all good wishes for a prosperous and happy New Year.

Very truly yours,

J. KNOWSLEY THORNTON.

DR. S. W. GROSS, Philadelphia.

NEWS ITEMS.

CHICAGO.

(From our Special Correspondent.)

HOME FOR INCURABLES IN CHICAGO.—The will of the late Clarissa C. Peck (widow of Philander Peck), who died Dec. 22, 1884, was admitted to probate on the 7th inst. The Peck estate is a very wealthy one, and Mrs. Peck's share amounts to nearly $1,000,000. The chief bequest of the will is that of clause 34, which provides for a home for incurables in this city. The bequest of all the property of the testatrix, not otherwise bequeathed, is to this noble purpose. The exact amount of the bequest is not definitely known, but i will exceed $600,000. The sum of money, to be expended in the erection of suitable buildings, in furnishing the same, and in fitting up the grounds, is limited to $125,000. The site of the Home will be in the city of Chicago, or township of Hyde Park, Cook County. A corporate organization is directed to be founded under the statutes of the State of Illinois within two years after the death of the testatrix. Among the trustees and corporators of the corporation occurs the name of Charles Gilman Smith, M.D. (University of Pennsylvania, 1851).

The testatrix alludes to the scope of the institution and the functions of the trustees in the following terms: "While I wish said institution to be open to all incurables without distinction up to the limits of its means and capacity, yet I direct that its Board of Trustees shall have full power to exercise their discretion in regard to the admission of patients, and also to the terms and conditions under which patients shall share in the benefits of said institution, and that said Board of Trustees shall have full and unrestricted power and control in all respects, subject only to the limitation that they shall endeavor to carry out the general policy herein indicated, and accomplish the greatest good possible for poor incurables with the means placed at their disposal."

A word in regard to the character of the testatrix. Mrs. Peck was the widow of one of Chicago's oldest and best-known residents. She has always taken the liveliest interest in all charitable and benevolent enterprises. Mission work, however, in particular, occupied her attention. The bulk of the property is in Government bonds and railway securities. A Home for Incurables has been, for a long period of time, one of Chicago's chief necessities in charitable institutions.

MONTREAL.

(From our Special Correspondent.)

A LARGE CALCULUS REMOVED BY LATERAL LITHOTOMY.—DR. KINGSTON, at a recent meeting of the Montreal Medico-Chirurgical Society, exhibited a huge calculus which he had removed by lateral lithotomy from the bladder of a young man, aged 21 years. The stone was composed of uric acid internally and of phosphates externally, and weighed, when removed, 5 ounces, 5 drachms. Its greatest length was $3\frac{1}{8}$ inches. Its greatest breadth, $2\frac{1}{8}$ inches. Its greatest thickness, $1\frac{1}{4}$ inches.

The stone was removed with considerable difficulty after forty minutes' manipulation. Dr. Kingston remarked that Sir Henry Thompson had lately stated that it was impossible to remove a stone weighing more than three ounces by the lateral operation, yet the stone he showed weighed nearly twice three ounces and had been extracted by the lateral method, the patient making a rapid and complete recovery.

THE HALIFAX, N. S., MEDICAL COLLEGE during the past year has lost three of its professors, and at one time it was thought that it would have to relapse again into a preparatory school, owing to the difficulty in finding suitable men to fill the vacant chairs. But by strenuous efforts on the part of the faculty the present difficulties have been tided over. The school is now in a fairly prosperous condition and has a class of forty students.

THE DANGER OF ASIATIC CHOLERA.—The report of the National Board of Health for the year 1884 was transmitted to Congress on February 2. An outline is given of the movements of the several epidemics of Asiatic cholera which occurred in this country in 1832, 1849, 1854, 1866, and 1873, and particular attention is called to the dangers to which the country is exposed by the recent prevalence of the disease in Western Europe. In the absence of specific appropriations, all investigations have been suspended, and an appropriation of $43,000 is asked for. In addition, it is earnestly recommended that an appropriation of $500,000 be made to be expended in aid of State and local boards of health in preventing the introduction and spread of contagious or infectious diseases. Asiatic cholera, the report says, is a disease which is not limited in its ravages by latitude or longitude, and in the event of its appearance in this country, will require the utmost vigilance to prevent its spread.

MEDICAL FEES IN THE ARGENTINE REPUBLIC.—According to a statement published in the *British Medical Journal* (Jan. 10, 1885), a high pecuniary value is placed upon medical opinion in the Argentine Republic:

"The ordinary charge for a consultation at a medical man's house is said to be two dollars (about 8s.); for a visit, four dollars, say 16s.; for attendance at confinement when all goes well, about £20; but when any special care or operation is required, these fees amount up to hundreds of pounds. Accounts for medical attendance are sent in and paid without remark, which would make the hair of a paterfamilias in the 'old country' stand on end. My friend mentions the following fees as having been lately obtained by doctors who, though of good standing, are not looked on as 'stars:' For extraction of ovarian tumor, £1200; amputation of arm, principal, £600; amputation of arm, two assistants, each, £400; delivery with operation, £400; attendance during typhoid fever, £200; visit by a physician for dropsy, £50; consultation fees, £20 and upwards.

"Much depends, of course, on the position of the patient, but there are sufficient wealthy people to make up for any small fees or gratuitous work which may have to be done among the poorer classes.

"The statements given above are confirmed by another correspondent, who states that a friend of his paid £100 for attendance at the confinement of his wife, and adds that the charges by dentists are on a like magnificent scale, as much as £5 or £6 being paid for stopping a tooth. There, however, appears to be one important condition: before a doctor is allowed to practise in the Argentine Republic, he must pass an examination, and be licensed by the Government Medical Board; and before he can do this he must, of course, be master of the Spanish language. The population of the country is so cosmopolitan, that the more modern languages he speaks, the better will be his chances for success."

THE FRENCH SURGICAL CONGRESS was recently organized by a commission, the members of which are Prof. Trélat, President; Profs. Verneuil, Hourteloup, Chauvel, Bouilly, Ch. Monod, and S. Pozzi, Secretary.

The Commission has rearranged the rules which were discussed last session.

The Congress aims to establish relations between native and foreign practitioners interested in the progress of surgery. The sessions will be held at Paris. The questions to be discussed at the next meeting are:

1. Etiology and pathology of surgical infection.
2. The indications furnished by examination of the urine to practical surgery.
3. The best dressing for wounds to be employed in military surgery during a campaign.
4. Care of cold abscess.
5. Indication for operation in deep wounds of the abdomen.

The Commission of Organization requests papers on the following questions:

1. The comparative value of iliac and lumbar anus in cancer of the rectum.
2. Indications for gastrostomy.
3. Origin and nature of coxalgia.
4. Indications for trephining of the skull in traumatic lesions.
5. Treatment of the pedicle in ovariotomy and hysterotomy.
6. On the operation for tumors included in the broad ligament.—*L'Union Médicale*, Dec. 20, 1884.

NOTES AND QUERIES.

THE FORCE OF REPUTATION.

It was a pathogenetic microphyte,
That had wandered away from its *habitat*,
And pondered (like Hamlet) on this and that,
By introspection to gain some light—

It had held its own midst germicides.
Was it doomed to die when its family right,
Was to terrorize nations and shake their might?
It had killed more men than war, besides.

Its strength was great, its size was small,
But the fungus of hay (which it knew quite well)
Had strutted about as an *Anthrax* swell,
And developed a power that surprised them all.

Whilst it turned the question round about,
A young microscopist in search of fame,
Detected its presence and gave it a name,
And settled the question beyond all doubt.

And proud once more was the Schizophyte,
As it startled the world and set it agog;
It made fortune and fame for the young "Pathog."
And killed the patient—*though only by fright.*

J. M. K.

January 31, 1885.

OPERATIONS ON THE GALL-BLADDER.

REPORTS of surgical operations upon the gall-bladder or ducts, whether previously published or not, are desired for a contribution to an important work; and all facts connected with them will be thankfully received by Dr. J. M. F. Gaston, Atlanta, Ga.

OFFICIAL LIST OF CHANGES IN THE STATIONS AND DUTIES OF OFFICERS SERVING IN THE MEDICAL DEPARTMENT, U. S. ARMY, FROM JANUARY 27 TO FEBRUARY 2, 1885.

PROMOTIONS.

SOMMERS, JOHN E., *Lieutenant-Colonel and Surgeon.*—To be Surgeon, with rank of Colonel, Jan. 9, 1885.

SMITH, JOSEPH R., *Major and Surgeon.*—To be Surgeon, with rank of Lieutenant Colonel, Jan. 9. 1885.

KOERPER, EGON A., *Captain and Assistant Surgeon.*—To be Surgeon, with rank of Major, Jan. 9, 1885.

APPOINTMENT.

RAYMOND, HENRY J.—To be Assistant Surgeon, with rank of First Lieutenant, Jan. 12, 1885.

WEBSTER, WARREN, *Major and Surgeon.*—Granted leave of absence for one year on surgeon's certificate of disability.—*S. O. 20, A. G. O.*, Jan. 24, 1885.

TAYLOR, B. D., *Captain and Assistant Surgeon.*—Granted leave of absence for one month, to take effect between March 15 and April 1, 1885; permission to leave Department limits.—*S. O. 10, Department of Texas.* Jan. 26, 1885.

KEAN, J. R., *First Lieutenant and Assistant Surgeon.*—Ordered for duty in the Department of the Missouri.—*S. O. 23, A. G. O.*, Jan. 28, 1885.

THE MEDICAL NEWS *will be pleased to receive early intelligence of local events of general medical interest, or of matters which it is desirable to bring to the notice of the profession.*

Local papers containing reports or news items should be marked.

Letters, whether written for publication or private information, must be authenticated by the names and addresses of their writers—of course not necessarily for publication.

All communications relating to the editorial department of the NEWS *should be addressed to No. 1004 Walnut Street, Philadelphia.*